

STANDARD CERTIFICATE OF DEATH

36861

State File No.

FILED DEC 16 1951

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett Mo. Rt. 3		c. CITY (If outside corporate limits, write RURAL and give township) Kennett Mo. (rural) 0350	
c. LENGTH OF STAY (in this place) 25yrs.		d. STREET ADDRESS (If rural, give location) Rt. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Colony			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Edward	c. (Last) Shields	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20-1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 29-1868	9. AGE (in years last birthday) 83	# UNDER 1 YEAR Months 6 Days 22	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Portsmouth Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert E. Shields	13b. MOTHER'S MAIDEN NAME Margeret E. Pulse	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. A	17. INFORMANT'S SIGNATURE OR NAME Raymond Shields	ADDRESS Kennett Mo. Rt3
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hy pertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 14**, 19**51**, to **Nov 21**, 19**51**, that I last saw the deceased alive on **11-21**, 19**51**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. S. Dampney	(Degree or title) M.D.	23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 11-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-22-51	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett Mo.
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DATE REC'D BY LOCAL REG. 11-21-1951	REGISTRAR'S SIGNATURE Carl Husband	25. FUNERAL DIRECTOR'S SIGNATURE Lenta Davice	ADDRESS Kennett Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

350
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-26-51
COUNTY FILE NUMBER 1151-326

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
Working under my personal supervision.

Student Embalmer No.....

Signed.....

Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address *Barnett Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.