

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37910

State File No.

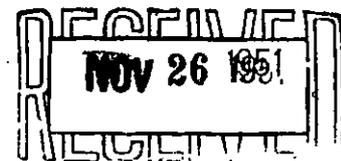
FILED NOV 27 1951

BIRTH NO. _____ REG. DIST. NO. 1164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 124

510

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

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chilhowee		0560
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Hospital			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Frances c. (Last) Shields			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 6, 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Okawville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry C. Yount		13b. MOTHER'S MAIDEN NAME Carovln E. Kinyon		14. NAME OF HUSBAND OR WIFE Peter Shields	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Paul McElwee, Chilhowee, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senility				INTERVAL BETWEEN ONSET AND DEATH 6 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 151X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 11, 1951 , to Nov. 18, 1951 , that I last saw the deceased alive on Nov. 18, 1951 , and that death occurred at 12 noon from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) [Signature]			23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 11-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/20/51	24c. NAME OF CEMETERY OR CREMATORY Pisgah		24d. LOCATION (City, town, or county) (State) Near Chilhowee, Mo.	
DATE REC'D BY LOCAL REG. Nov. 20, 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cook Funeral Home, Chilhowee, Mo.			



JOHNSON COUNTY HEALTH DEPT.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J.W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowee, 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.