.S. No. 300
EV. 10.48

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 316

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 51

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

1. PLACE OF DEATH
a. COUNTY: Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0596
d. STREET ADDRESS (If rural, give location): R. R. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): S.
c. (Last): Shields

4. DATE OF DEATH (Month) (Day) (Year): January 13, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 16, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Armstrong County, Pa.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph B. Shields
13b. MOTHER'S MAIDEN NAME: Louisa Rhodes
14. NAME OF HUSBAND OR WIFE: ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. V.A. Collins, Chillicothe, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rouge Nephron Nephrosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertrophy of Prostate
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 1/3/52
19b. MAJOR FINDINGS OF OPERATION: Hypertrophy of Prostate Retention of Haine
20. AUTOPSY? YES ☑ NO ☐

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): St Joseph Buch Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: -610X

22. *I hereby certify that I attended the deceased from* 1/1/52, 19__, *to* 1/10/, 1952, *that I last saw the deceased alive on* 1/12/, 1952, *and that death occurred at* 7:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Greenberg M D
23b. ADDRESS: P. Bldg St Joseph Mo
23c. DATE SIGNED: 1/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 1/14/1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Chillicothe, Missouri

DATE REC'D BY LOCAL REG.: Jan 17, 1952
REGISTRAR'S SIGNATURE: Carl C. Cash 446 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, M

Signed _____
Student Embalmer

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.