S. No. 300
v. 10.48

FILED JAN 19 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2426

BIRTH NO. 3544-52 REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 9

0900

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

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Reynolds
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington (Rural)
d. STREET ADDRESS (If rural, give location): 0900

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Kay
c. (Last): Shrum

4. DATE OF DEATH (Month) (Day) (Year): 1-10-52

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 1-9-52
9. AGE (In years last birthday): 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): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Otho Shrum
13b. MOTHER'S MAIDEN NAME: Lorene Beaver
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.: —
17. INFORMANT'S SIGNATURE OR NAME: Otho Shrum
ADDRESS: Ellington

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): Atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Pneu.
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: Birth - 6:11 P.M. 1/10/52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7630
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1952, *to* Jan 10, 1952, *that I last saw the deceased alive on* Jan 10, 1952, *and that death occurred at* 6:11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth T Carter D.O.
23b. ADDRESS: Ellington Mo
23c. DATE SIGNED: 1/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-11-52
24c. NAME OF CEMETERY OR CREMATORY: Ellington
24d. LOCATION (City, town, or county) (State): Ellington Mo

DATE REC'D BY LOCAL REG.: 1-14-52
REGISTRAR'S SIGNATURE: Essie Evans 276
25. FUNERAL DIRECTOR'S SIGNATURE: Chas. S. Kewitt
ADDRESS: Ellington

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Chas. S. Leavitt

Licensed Embalmer No. 4574

P. O. Address Ellsworth Me

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.