

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3663

State File No.

No. 300
10.48

FILED JAN 22 1952

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Shelby county 77		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo. 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mason Nursing Home		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) a. (First) NANCY	b. (Middle) FRANCES	c. (Last) DeGARMO	4. DATE OF DEATH (Month) (Day) (Year) 1-13-1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3-18-1869	9. AGE (In years) (Month) (Day) (Year) 82 9 25	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	11. BIRTHPLACE (State or foreign country) Randolph Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Randolph Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfred DeGarmo	13b. MOTHER'S MAIDEN NAME Sarah Given	14. NAME OF HUSBAND OR WIFE None
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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. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mame Totsch, Shelbina, Mo.	ADDRESS Shelbina, Mo.
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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 48 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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, 1951, to Jan, 1952, that I last saw the deceased alive on 1/13, 1952, and that death occurred at 12:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE T. J. Haerckler	(Degree or title) MD	23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED 1/14/52
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24a. BURIAL/CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-15-1952	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemty.	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
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DATE REC'D BY LOCAL REG. 1-19-52	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins	ADDRESS Shelbina, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

520
4
#m

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. *3498*

P. O. Address. *Shelburne Mass*

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.