

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27590

State File No.

SEP 15 1952
BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4160 Registrar's No. 67

0310

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Davies</u>	
b. CITY OR TOWN <u>Winston</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Winston</u>	<u>0310</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Sheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>4-11-1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce & Feed</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Sheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Hess</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Sheeler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-01-6453</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Sheeler</u> ADDRESS <u>Winston MO</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>tumor in chest possible malignancy</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from Aug 11, 1952, to Sept 15, 1952, that I last saw the deceased alive on 9/8, 1952, and that death occurred at 12 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Bailey, Jr. D.D.</u> (Degree or title)	23b. ADDRESS <u>Gallatin, Mo.</u>	23c. DATE SIGNED <u>9-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Air Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Altamont Mo</u>
DATE REC'D BY LOCAL REG. <u>9-13-52</u>	REGISTRAR'S SIGNATURE <u>W. Eugene M. Enachest</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Kate Shoup</u>	ADDRESS <u>Winston MO</u>

WRITE PLAINLY--USING UNFADEING BLACK INK--MAKE A PERMANENT RECORD

OCT 8 1952

OCT 1 1952

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

L. O. Richerson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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.