

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28855

State File No.

REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 82
BIRTH NO. AUG 20 1952

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho 0733</u>	
c. LENGTH OF STAY (in this place) <u>6 wks</u>		d. STREET ADDRESS (If rural, give location) <u>714 N. High</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PERMILIA</u> b. (Middle) <u>JANE</u> c. (Last) <u>SHEETS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-6-1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>5-19-1883</u>	9. AGE (In years last birthday) <u>69</u> Months <u>2</u> Days <u>23</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Texas Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Geo. Sheets</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gim Johnson</u>	ADDRESS <u>714 N. High, Neosho</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Phlebitis -</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Phlebitis -</u>		DUE TO (b) <u>Ovarian tumor -</u>	
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*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7/24, 1952, to 8/6, 1952, that I last saw the deceased alive on 8/2, 1952, and that death occurred at 4:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. A. Chester D.O.</u>	23b. ADDRESS <u>Granby Mo.</u>	23c. DATE SIGNED <u>8/6/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethpage Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Bethpage Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-7-52</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shewmake</u>	ADDRESS <u>Granby Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

132

RECEIVED

District Health Officer

NEWTON COUNTY HEALTH UNIT

District File Number 852-147

Date Filed AUG 19 1952

NEOSHO, MISSOURI

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 _____

Floyd E. Shennette Jr.

Student Embalmer No. 4535

working under my personal supervision.

Student Floyd E. Shennette Jr.
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.