

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39887**

BIRTH NO. **134** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **357**

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Route # 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If rural, give location) Farmington	

3. NAME OF DECEASED (Type or Print) a. (First) Edmond b. (Middle) Demitt c. (Last) Shinn			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1884	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days 9 Hours 0 IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Pike Co. Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George H. Shinn		13b. MOTHER'S MAIDEN NAME Ellen Graham		14. NAME OF HUSBAND OR WIFE Fannie Brown	
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. none		17. INFORMANT'S SIGNATURE OR NAME Herman Shinn, Farmington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		
	ANTECEDENT CAUSES DUE TO (b) Ca colon & gastrocolic fistula DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			

19a. DATE OF OPERATION 11-3-52		19b. MAJOR FINDINGS OF OPERATION Ca transverse colon with gastrocolic fistula		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **10-22, 1952** to **Nov 8, 1952**, that I last saw the deceased alive on **Nov 8, 1952**, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George D. Watkins M.D. (Degree or title)		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 11-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/11/52		24c. NAME OF CEMETERY OR CREMATORY Chestnut Ridge	
24d. LOCATION (City, town, or county) (State) Ste Genevieve Co. Missouri					

DATE REC'D BY LOCAL REG. Nov. 10, 1952		REGISTRAR'S SIGNATURE Ethel Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home ADDRESS Farmington, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 309
V. 10.48

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NOV 17 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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.