S. No. 300
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41745

State File No.

FILED DEC 29 1952

BIRTH NO. REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: CARROLL.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARROLLTON
c. LENGTH OF STAY (In this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Atwood Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Carroll.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bogard 0170
d. STREET ADDRESS (If rural, give location): City. 0

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLA
b. (Middle): MILDRED
c. (Last): Shirley

4. DATE OF DEATH (Month) (Day) (Year): DEC - 20 1952

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 18 - 1869
9. AGE (In years last birthday): 83 Months: 6 Days: 2 If under 1 year: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Ky.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Milton Wilmore
13b. MOTHER'S MAIDEN NAME: Elizabeth McLary
14. NAME OF HUSBAND OR WIFE: Frank Shirley deceased.
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.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs Rose Dandelo
ADDRESS: Bosworth, Mo

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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

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: 332 X
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* Dec 18, 1952, *to* Dec 20, 1952, *that I last saw the deceased alive on* Dec 20, 1952, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Carrollton Mo
23c. DATE SIGNED: 12/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 22 1952
24c. NAME OF CEMETERY OR CREMATORY: Von Horn
24d. LOCATION (City, town, or county) (State): Bogard Mo.

DATE REC'D BY LOCAL REG.: 12/22/52
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert 45-C
25. FUNERAL DIRECTOR'S SIGNATURE: E. A. Dickerson
ADDRESS: Bogard Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed E. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard Mo

Signed _____
Student Embalmer

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.