

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Hampton  
State File No. 14227

FILED DEC 16 1952

REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6134 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springvalley Twnshp		c. LENGTH OF STAY (in this place) 30 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Springvalley Twnshp		d. STREET ADDRESS (If rural, give location) 3 mi E of Smsville, Mo. 1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) Theodosia Ernest Shedd		4. DATE OF DEATH (Month) (Day) (Year) Dec 1-1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 29-1889
9. AGE (In years last birthday) 63		10. MONTHS 1	11. DAYS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY rector, MO.	
11. BIRTHPLACE (City and State or Foreign Country) rector, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hay Craig		13b. MOTHER'S MAIDEN NAME Elizabeth Hodges	
14. NAME OF HUSBAND OR WIFE			
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.	
17. INFORMANT'S SIGNATURE OR NAME Edwin W Mash		ADDRESS Summersville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastasis to lung</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 170X	
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)		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 Feb 1950 to Dec 1, 1952, that I last saw the deceased alive on Dec 1, 1952 and that death occurred at 6:45 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Laverne Hampton, M.D.		23b. ADDRESS Summersville, Mo.	
23c. DATE SIGNED Dec 8			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-52	
24c. NAME OF CEMETERY OR CREMATORY Summersville,		24d. LOCATION (City, town, or county) (State) Summersville, Mo.	
DATE REC'D BY LOCAL REG. 12/15/52		REGISTRAR'S SIGNATURE Mabel Rose 4410	
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home		ADDRESS Mtn View, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

6961 MAR 1956

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 *Joe P. Duncan*.....

Student .....  
Student Embalmer

Licensed Embalmer No. *4325*.....

P. O. Address *Mt View, 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.