

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

44240

State File No. ....

**FILED DEC 22 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 95

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

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL 1A2D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Town Limits</u>		d. STREET ADDRESS (If rural, give location) <u>Town Limits 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Minnie</u>	b. (Middle) <u>May</u>	c. (Last) <u>STYLES</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>12-11-1952</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>WIDOWED</u>	8. DATE OF BIRTH <u>12-3-1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 12 HRS. Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>CALEB WOOD</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH AMANDA FOWLER</u>	14. NAME OF HUSBAND OR WIFE <u>(DECEASED)</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>PEARL STYLES</u>	ADDRESS <u>HUNNEWELL Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Dec 4, 1952</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Bronchial pneumonia</u>		several yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <u>Paralytic quadriplegia hypertension, Hypertensive heart disease.</u> DUE TO (c) <u>Diabetes mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		do not know	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	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 May 6, 1952, to Dec 4, 1952, that I last saw the deceased alive on Dec 10, 1952, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Shady Lauer D.D.</u> (Degree or title)	23b. ADDRESS <u>Shelby, Mo.</u>	23c. DATE SIGNED <u>Dec 13, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/13/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DEER CREEK CH.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR HUNNEWELL Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-19-52</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u> <u>4497</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nancy Y. Lauer</u>	ADDRESS <u>Shelby Mo</u>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Norval V. Garner

Signed.....  
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address. Monroe City 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.