

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4504

State File No.

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 7

020
1

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

1. PLACE OF DEATH a. COUNTY Shelby county		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.	c. LENGTH OF STAY (in hospital) OR TOWN Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) X 1020	

3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) IRENE c. (Last) DRY			4. DATE OF DEATH (Month) (Day) (Year) 1-21-1953		
---------------------------------------------------------------------------------------------------------------------	--	--	-----------------------------------------------------------	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-17-1893	9. AGE (In years last birthday) 60	10 UNDER 1 YEAR 0 Months	11 UNDER 6 WKS. 4 Days	12. CITIZEN OF WHAT COUNTRY? USA
-------------------------	----------------------------------	--------------------------------------------------------------------------	--------------------------------------	----------------------------------------------	------------------------------------	----------------------------------	--------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Shelby Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
-----------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------	--	--------------------------------------------------------------------	--	--------------------------------------------	--

13a. FATHER'S NAME Eugene Smith		13b. MOTHER'S MAIDEN NAME Mary Alice Beckett		14. NAME OF HUSBAND OR WIFE Deceased	
-------------------------------------------	--	--------------------------------------------------------	--	------------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Jenkins, Lakenan, Mo.		ADDRESS	
----------------------------------------------------------------------------------------------------------------------	--	-------------------------------------	--	--------------------------------------------------------------------------------	--	---------	--

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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 October, 1952, to January 21, 1953, that I last saw the deceased alive on January 21, 1953, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE Richard H. Bechalewski		23b. ADDRESS Shelbina, Missouri		23c. DATE SIGNED 1-24-53	
-------------------------------------------------	--	-------------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-1953	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.		
------------------------------------------------------------	-------------------------------	-------------------------------------------------------	-----------------------------------------------------------------------	--	--

DATE REC'D BY LOCAL REG. 1-24-53		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Barkeley-Hawkins		ADDRESS Shelbina, Mo.	
--------------------------------------------	--	----------------------------------------------	--	-------------------------------------------------------------	--	---------------------------------	--

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..... *Clifford H. Lewis*

Signed.....
Student Embalmer

Licensed Embalmer No. *349 F*

P. O. Address *Stellton Me*

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.