

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

8471

State File No.

No. 300
10. 48

FILED MAR 10 1953

REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 7

BIRTH NO. _____		REG. DIST. NO. <u>340</u> PRIMARY REG. DIST. NO. <u>6152</u> Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter Liberty Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter Liberty Twp.	
c. LENGTH OF STAY (In this place) 12 yr.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3		d. STREET ADDRESS (If rural, give location) Route 3	
3. NAME OF DECEASED (Type or Print) a. (First) Shirley b. (Middle) Jean c. (Last) Beatrice Fields		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1953	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 22, 1936
9. AGE (In years last birthday) 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drug store clerk	11. BIRTHPLACE (City and State or Foreign Country) Portageville, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Clerk		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. Hiram Fields		13b. MOTHER'S MAIDEN NAME Idell Smith	
14. NAME OF HUSBAND OR WIFE single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X X	
17. INFORMANT'S SIGNATURE OR NAME J. H. Fields		ADDRESS Dexter, Mo. R. 3	
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) 38 calibre pistol wound in back of head. ANTÉCEDENT 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. E976 X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Homicide (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty Twp. Stoddard, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Feb. 26, 1953 8:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Inflicted by Idell Fields.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 A.M. from the causes and on the date stated above.			
23a. SIGNATURE Ray W. Rainey (Degree or title) 3 Coroner		23b. ADDRESS Dexter, Missouri	
23c. DATE SIGNED 2-27-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-28-53	
24c. NAME OF CEMETERY OR CREMATORY Dexter cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. 2-3-53		REGISTRAR'S SIGNATURE Velma V. Jenkins	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.