

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10414

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 57

532

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (if this place) <u>5 minutes</u>		d. STREET ADDRESS (If rural, give location) <u>311 Polk St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Messie</u> b. (Middle) <u>Lydia</u> c. (Last) <u>Shields</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 17, 1884</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Rev. E. W. Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Martha L. Cantrell</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas A. Shields</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Humphreys</u> ADDRESS <u>Lebanon Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>5 yrs.</u>	
DUE TO (c) <u>Diabetes mellitus</u>		<u>5 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>			
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) m.	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 <u>3/24</u> , 19 <u>53</u> , to <u>3/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>53</u> , and that death occurred at <u>11:40 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>3/25/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Conway Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-26-1953</u>	REGISTRAR'S SIGNATURE <u>Hella S. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>	

Received _____
Laclede County Health Unit
File No. 3-53-68
Date Filed _____
MAR 28 1953
MAR 30 1953

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 Harvey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.