

JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17299

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleveland</u> <u>8340</u>	
c. LENGTH OF STAY (In this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>3211 East 80th St.</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1610 S. Sprigg St.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Ima</u>	b. (Middle) <u>Jean</u>	c. (Last) <u>Shields</u>	(Month) <u>May</u>	(Day) <u>26,</u>	(Year) <u>1953</u>		
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 13 1924</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 4 HRS. Days <u>13</u>	IF UNDER 15 MIN. Hours <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton, Missouri</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Ed Mosley</u>	13b. MOTHER'S MAIDEN NAME <u>Cornelia Martin</u>	14. NAME OF HUSBAND OR WIFE <u>James Shields</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) <u>No</u>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Cornelia Mosley, 1610 S. Sprigg, Cape Gir., Mo.</u>	ADDRESS -----
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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>6 mos. (that)</u> <u>10 mos. (that)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Secondary Anemia</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lupus Vulgaris</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 <u>0142</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 5-25-1953 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 5-25-, 1953, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Fingal M.D.</u>	(Degree or title)	23b. ADDRESS <u>204 Locust St. Charleston, Mo.</u>	23c. DATE SIGNED <u>5-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-31-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>	ADDRESS <u>Cape Girardeau, Mo.</u>
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ESTATE  
NOV 8 1954

AUG 2 1954

**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 Frank J. Sparks

Licensed Embalmer No. 3453

P. O. Address Depo - Grandview

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.