

18867

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUN 3 1953

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST., NO. <u>5906</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived 12 months, residence before death, if different)			
a. COUNTY <u>Pemiscot</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Wardell</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pemiscot</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Wardell</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>		d. DATE OF DEATH <u>May 19, 1953</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX <u>Female</u>	
a. (First) <u>Mary</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Shaver</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>about 102</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Holloman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Deceased Bowman Wardell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Bowman Wardell, Mo.</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>see page - Injury - Deformed</u>					
		DUE TO (b)					
		DUE TO (c)					
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?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan -</u> , 1953, to <u>5-16-</u> , 1953, that I last saw the deceased alive on <u>5-16-</u> , 1953, and that death occurred at <u>5-9</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Shastan, D.O.</u>				23b. ADDRESS <u>Wardell, Mo.</u>		23c. DATE SIGNED <u>5-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-29-53</u>		REGISTRAR'S SIGNATURE <u>John W. Shastan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Immy Osburn</u>		ADDRESS <u>Funeral Home, Wardell, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6-173-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 1 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James A. Osburn*
.....

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.