No. 300
10.48

FILED AUG 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25543

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4294 Registrar's No. 28

570
1

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

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SILEX
c. LENGTH OF STAY (in this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 50 W MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SILEX 0570
d. STREET ADDRESS (If rural, give location): 50 W MAIN 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): JANE
c. (Last): SHAY

4. DATE OF DEATH (Month) (Day) (Year): AUG 8 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MARCH-21-1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 4, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): LINCOLN COUNTY Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM WESLEY
13b. MOTHER'S MAIDEN NAME: LOTTIE BECKMAN
14. NAME OF HUSBAND OR WIFE: NICHOLAS SHAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: BEN ROYSTER — ADDRESS: SILEX, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition
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: 4222
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1953, *to* Aug 7, 1953, *that I last saw the deceased alive on* Aug 7, 1953, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Penn, M.D.
23b. ADDRESS: Silex Mo.
23c. DATE SIGNED: Aug 8-'53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Aug 10 - 1953
24c. NAME OF CEMETERY OR CREMATORY: ST ALPHONSUS
24d. LOCATION (City, town, or county) (State): MILLWOOD Mo.

DATE REC'D BY LOCAL REG.: 8/13/53
REGISTRAR'S SIGNATURE: Mrs. Clarence Kientzy 455-01
25. FUNERAL DIRECTOR'S SIGNATURE: J. A. Mudd — ADDRESS: Silex, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 14 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 James C. Mudd

Signed.....
Student Embalmer

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.