

FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31538**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>913</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield,</u>		c. LENGTH OF STAY (In this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2719 W. Webster</u>				d. STREET ADDRESS (If rural, give location) <u>2719 W. Webster</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Shields</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 28, 1882</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR (Month) (Day) <u>10 19</u>		IF UNDER 24 HRS. (Hour) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Smithville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Buck</u>		14. NAME OF HUSBAND OR WIFE <u>Anna 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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Shields</u>		ADDRESS <u>Springfield,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral apoplexy</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>442X</u> YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1950</u> , 19___, to <u>Sept 27, 1953</u> , that I last saw the deceased alive on <u>Sept 26</u> , 1953, and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gorman S. Brown M.D.</u>				23b. ADDRESS <u>307 1/2 College</u>		23c. DATE SIGNED <u>Sept 28, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boyer</u>		24d. LOCATION (City, town, or county) (State) <u>Hartville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-28-53</u>		REGISTRAR'S SIGNATURE <u>Gaita Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Louis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.