

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2035

State File No. ....

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 9319 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Jackson Township)</u>	
c. LENGTH OF STAY (in this place) <u>18 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Sen</u>			

3. NAME OF DECEASED (Type or Print) <u>MARGARET Elizabeth SHANKS</u>	(First) (Middle) (Last)	4. DATE OF DEATH <u>JAN 13 - 54</u>	(Month) (Day) (Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 2 - 1954</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John CRUM</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET WILLET</u>	14. NAME OF HUSBAND OR WIFE <u>(Deceased)</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>6 Hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocardial Degeneration</u> DUE TO (c) <u>Carcinoma of Stomach</u>		<u>6 mo.</u>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2/16/54 to 1/13/54, that I last saw the deceased alive on 1/12/54, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Typed or Printed) <u>A. H. Howland</u>	23b. ADDRESS <u>Belle, Mo.</u>	23c. DATE SIGNED <u>1/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maries County - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-20-54</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James J. ...</u>	ADDRESS <u>Belle, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

620  
1

**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

*Chester Sasmann*

Licensed Embalmer No. 4178

P. O. Address. Bland - 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.