No. 300
10.48

681

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9451

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 26

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) California Mo 0681
d. STREET ADDRESS (If rural, give location) Township, Harrison

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN b. (Middle) — c. (Last) SHIKLES.
4. DATE OF DEATH (Month) (Day) (Year) MAR. 8- 54.
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH OCT. 31-1876
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) California Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Kelsay.
13b. MOTHER'S MAIDEN NAME, Grace Foster
14. NAME OF HUSBAND OR WIFE Westey Shikles California
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 Westey Shikles. ADDRESS

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) Carcinoma of lungs — INTERVAL BETWEEN ONSET AND DEATH 18 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 16-3 X
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) Harrison twp (COUNTY) Moniteau (STATE) MO
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* May 7, 1953, *to* Mar 8, 1954, *that I last saw the deceased alive on* Mar 6, 1954, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. H. Barrion S.O.F.
23b. ADDRESS California, MO
23c. DATE SIGNED 3/8/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-10-54
24c. NAME OF CEMETERY OR CREMATORY ENLDE CEM.
24d. LOCATION (City, town, or county) (State) Russellville Mo
DATE REC'D BY LOCAL REG. 3/15/54
REGISTRAR'S SIGNATURE H L Papejay 202-0
25. FUNERAL DIRECTOR'S SIGNATURE G N Steffens ADDRESS Russellville Mo

(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 G. N. Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville 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.