

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21776

FILED JUL 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>447</u>		PRIMARY REG. DIST. NO. <u>4497</u>		Registrar's No. <u>47</u>			
1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>SHELBY</u>	
b. CITY OR TOWN <u>CLARENCE MO</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>CLARENCE MO</u>		d. STREET ADDRESS (If rural, give location) <u>1020 0</u> <u>CLARENCE MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>				3. NAME OF DECEASED a. (First) <u>SAMUEL</u>				b. (Middle) <u>W</u>	
				c. (Last) <u>SHIELDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1954</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT 23 1884</u>			
9. AGE (in years last birthday) <u>65</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MASONRY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PLASTERING</u>		11. BIRTHPLACE (State or foreign country) <u>VERNON COUNTY MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>ROBERT W. SHIELDS</u>		13b. MOTHER'S MAIDEN NAME <u>LENONA KINFADE</u>		14. NAME OF HUSBAND OR WIFE <u>DESSIE SHIELDS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give weary dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>47-30-068</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MYRTLE SHIELDS</u>				ADDRESS <u>CLARENCE MO</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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic bronchitis</u> <u>2 years</u>					
				DUE TO (c) <u>angina pectoris</u> <u>2 years</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 <u>4201</u>						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 10, 1954</u> to <u>June 30, 1954</u> , that I last saw the deceased alive on <u>June 30, 1954</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ch. Edgington M.D.</u>				23b. ADDRESS <u>Clarence, Mo</u>				23c. DATE SIGNED <u>7/7/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLARENCE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>			
DATE REC'D BY LOCAL REG. <u>7-9-54</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. King</u>		ADDRESS <u>Clarence Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1020
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EMBALMER

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 Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Laurel 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.