

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29982

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>261</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>3 YRS</u>		c. CITY OR TOWN <u>FULTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 E 2ND ST.</u>				e. STREET ADDRESS (If rural, give location) <u>312 E 2ND ST. 01480</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u> b. (Middle) <u>IRENE</u> c. (Last) <u>SHEETS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 4, 1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 31, 1893</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		9. AGE (In years last birthday) <u>61</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>T. B. Shew</u>			13b. MOTHER'S MAIDEN NAME <u>LUELLA MOSS</u>			14. NAME OF HUSBAND OR WIFE <u>Jesse Sheets</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marie Holmes Fulton 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cachexia Cardiovascular of Endo-</u> <u>metrium (adenocarcinoma) uterini</u> DUE TO (c) <u>Hypertensive CVR BP 240/110</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive CVR BP 240/110</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>2 1/2 years</u> <u>4 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Radium implantation Dec 52. Refused earlier</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) <u>172X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Aug 7, 1951</u> , to <u>Sept 4, 1954</u> , that I last saw the deceased alive on <u>Sept 4, 1954</u> , and that death occurred at <u>6:55 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. R. Gish M.D.</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>Sept 6, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LINDVILLE C.M.</u>		24d. LOCATION (City, town, or county) (State) <u>EDINA MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 11-1954</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Funer Home</u>		ADDRESS <u>Fulton Mo</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.....
Signature of Student Embalmer

Signed *Wm. A. Stewart*.....

Licensed Embalmer No. *3722*.....

P. O. Address *Fulton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.