

FILED OCT 13 1954

STANDARD CERTIFICATE OF DEATH

3042

State File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 77

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Howard Co | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Howard | |
| b. CITY (If outside corporate limits, write RURAL and give township) Fayette | | c. CITY (If outside corporate limits, write RURAL and give township) Fayette MO | |
| c. LENGTH OF STAY (in this place) 2 years | | d. STREET ADDRESS (If rural, give location) 045/0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LEE Hospital | | | |

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|---|---------------------------|---|---|--|---|
| 3. NAME OF DECEASED a. (First) MAUDE b. (Middle) - ETHEL c. (Last) - SHIEVES | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 19 54 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH July 19-1879 | | 9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months 2 Days 0 if UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY mission | | 11. BIRTHPLACE (State or foreign country) USA | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

| | | | | | |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME Kembrew Hopper | | 13b. MOTHER'S MAIDEN NAME Ella Sanchez | | 14. NAME OF HUSBAND OR WIFE Elmer Shieves | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Rozcoe Bench - minister 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Hypertension | | Un Known | |
| 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 331 X | | 20. AUTOPSY? 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 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 **July 1, 1954**, to **Sept 19, 1954** that I last saw the deceased alive on **Sept 19, 1954** and that death occurred at **4:02 a.m.**, from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---|--|
| 23a. SIGNATURE Mary K. Shell (Degree or title) Mid of Fayette, Mo | | 23b. ADDRESS 1136 H-S Roberson High School | | 23c. DATE SIGNED 9-21-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE SEP 22 54 | | 24c. NAME OF CEMETERY OR CREMATORY Worthy Chapel | |
| 24d. LOCATION (City, town, or county) (State) E of Amstey MO | | 25. FUNERAL DIRECTOR'S SIGNATURE H-S Roberson ADDRESS High School | | DATE REC'D BY LOCAL REG. 10-7-54 | |

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 13

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 *H. S. H. Johnson*

Licensed Embalmer No. *3001*

P. O. Address *Higbee*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.