

No. 300
10. 48

0551

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

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34486

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 9279

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0551</u> <u>Aurora, Mo. 1019 Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1019 Madison</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>OLETTA</u> c. (Last) <u>Sheldon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22-1954</u>		
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>Aug 5-1884</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>LAWRENCE, COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Marsh</u>		14. NAME OF HUSBAND OR WIFE <u>J.W. Sheldon</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Sheldon, Aurora, Mo.</u>		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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Phlebotrombosis</u>			<u>1 yr.</u>
		DUE TO (c) <u>arteriosclerosis</u>			<u>4500 mds.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Bilateral mid thigh Amp. relation</u>			<u>6 mos.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Partial & complete arterial occlusion</u>			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)
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 April, 1954, to 10/22, 1954, that I last saw the deceased alive on 10/15, 1954, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. G. Graver M.D.</u>	23b. ADDRESS <u>Wet. Vernon, Mo.</u>	23c. DATE SIGNED <u>10/23/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-25-54</u>	REGISTRAR'S SIGNATURE <u>Dora Mc Natt</u> 157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward L. Mark</u>	ADDRESS <u>Aurora, Mo.</u>
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APR 18 1958

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

Osun Clark

Licensed Embalmer No. *3813*

P. O. Address *Avon 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.