

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34678

34678

0690
H

REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-SO FORK TWP.	
c. LENGTH OF STAY (in this place) 20 Mo.		d. STREET ADDRESS (If rural, give location) SANTA FE 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELMIRA c. (Last) SHEARMAN			4. DATE OF DEATH (Month) (Day) (Year) OCT. 15, 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 11, 1864
9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALFRED FIELDS	13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH PRINKE	14. NAME OF HUSBAND OR WIFE JOHN M. SHEARMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. F. A. KURTZ, SPRINGFIELD, MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease	
		INTERVAL BETWEEN ONSET AND DEATH 6 Days	
		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	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) 331X	
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 1924 , 1954, to Oct 15 , 1954, that I last saw the deceased alive on Oct 15 , 1954, and that death occurred at 2:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. W. R. ...		23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 10-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-18-54	24c. NAME OF CEMETERY OR CREMATORY SANTA FE	24d. LOCATION (City, town, or county) (State) SANTA FE, MO.
DATE REC'D BY LOCAL REG. 10-18-54	REGISTRAR'S SIGNATURE J. Q. Barnes, M.D.	435-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakely, PARIS, MISSOURI

(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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.