

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41414

State File No.

 BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Montgomery Twn</u>)		c. LENGTH OF STAY (In this place) <u>15 yr</u>	c. CITY <u>Near</u> OR TOWN <u>Montgomery City Mo</u>		d. In Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (u)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			e. STREET ADDRESS (If rural, give location) <u>none</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>Sheets</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 30-1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Joe Pendegraft</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Light</u>		14. NAME OF HUSBAND OR WIFE <u>James Sheets</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Sheets Montgomery City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>myocardial decompensation</u> DUE TO (c) <u>chronic hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>4201</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>15 years</u>
--	--	---	--	--	---

19a. DATE OF OPERATION <u>12-19-55</u>		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) _____	
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 Oct-14-1955, to Dec-17-1955, that I last saw the deceased alive on Dec-10-1955, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Att Van Arsdale D.O.</u>		23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>12-19-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-55</u>		24c. NAME OF CEMETERY <u>New Florence</u>	
24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>					

DATE REC'D BY LOCAL REG. <u>Dec 20-1955</u>		REGISTRAR'S SIGNATURE <u>Laura S Callaway</u>		5000	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>MONTGOMERY CITY MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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, ~~of~~ by on the 17 th day of Dec 1955, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... C. W. Hopkins
C. W. Hopkins
Licensed Embalmer No. I487

P. O. Address Montgomery

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.