

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 838

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> , b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amity</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>8220</u>	

3. NAME OF DECEASED (Type or Print) <u>Elizabeth Shingler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-56</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 17, 1877</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Hiram Shingler</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Clark</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bill Pulley Maysville Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>retrograde hemorrhage</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (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 July 1944, to 1/18, 1956, that I last saw the deceased alive on 1/18, 1956, and that death occurred at 12:00 PM, from the causes and on the date stated above.

23a. SIGNATURE (of Degree or title) <u>Dr. Harold Fowler M.D. Maysville Mo</u>		23b. ADDRESS		23c. DATE SIGNED <u>1/19/56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>	24d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-30-56</u>		REGISTRAR'S SIGNATURE <u>Kesner Dawson 82-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS- <u>John Brown Maysville Mo</u>	

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

STATEMENT BY LICENSED EMBALMER

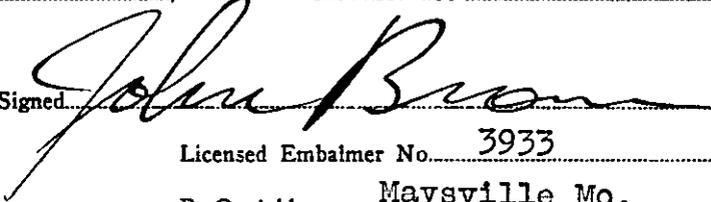
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....


Licensed Embalmer No. 3933
P. O. Address Maysville 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.