

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1956

State File No. **17040**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Macon County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Macon 0610	
b. CITY OR TOWN Macon, Hudson Twp 0		c. CITY OR TOWN Excello, Missouri R.2	
c. LENGTH OF STAY (In this place) 13 Days		d. STREET ADDRESS (If rural, give location) Rural Rt. 2, Excello	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium			

3. NAME OF DECEASED a. (First) Shella b. (Middle) Daugherty c. (Last) Parrish			4. DATE OF DEATH (Month) (Day) (Year) May 23 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH October 8, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Mins. 7 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) practical nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Collin Co., Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME James Best	13b. MOTHER'S MAIDEN NAME Marquet Daugherty	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 488-14-0290	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claudia Robison Excello, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute circulatory failure		INTERVAL BETWEEN ONSET AND DEATH immediate
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		immediate
	DUE TO (b) Coronary thrombosis and myocardial infarction		indefinite
	DUE TO (c) Arteriosclerosis		indefinite
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 <div style="text-align: right; font-size: 2em;">4201</div>	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)	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 May 10, 1956, to May 23, 1956, that I last saw the deceased alive on MAY 23, 1956, and that death occurred at 10:30^{AM} m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Howard Bell Jr. D.O.	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED May 23, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May 25 1956	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cem.	24d. LOCATION (City, town, or county) (State) Macon, Mo.
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DATE REC'D BY LOCAL REG. 5/26/56	REGISTRAR'S SIGNATURE Ruth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lester Hutton, Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1956 JUL 10

RECEIVED 6.4.56
MAGON COUNTY HEALTH DEPARTMENT
County File No. 6.56.82
Date Filed 6.6.56

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 *Charles L. Sutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, Mo.*

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.