

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23266**

BIRTH **FILED AUG 3 - 1956** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR Kennett	c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Senath,	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Memorial Hospital		e. STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (Type or Print)	a. (First) Lola	b. (Middle) Laynea	c. (Last) Shrum	4. DATE OF DEATH (Month) (Day) (Year) June 7 1956
--	---------------------------	------------------------------	---------------------------	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 26 1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
-------------------------	----------------------------------	--	---	--	---------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Senath, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	--	---

13a. FATHER'S NAME P.J. Pitts	13b. MOTHER'S MAIDEN NAME Correatha Owen	14. NAME OF HUSBAND OR WIFE James O. Shrum
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J.O. Shrum	ADDRESS Senath, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
	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 331x	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 **6-7**, 19**56**, to **6-7**, 19**56**, that I last saw the deceased alive on **6-7**, 19**56**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W.W. English M.D.	(Degree or title)	23b. ADDRESS Cardwell, Mo	23c. DATE SIGNED 6-14-56
--	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/10/1956	24c. NAME OF CEMETERY OR CREMATORY McGrew Cemetery	24d. LOCATION (City, town, or county) (State) Senath, Mo.
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 8-3-56	REGISTRAR'S SIGNATURE Clayde A. B... ..	25. FUNERAL DIRECTOR'S SIGNATURE Mc Daniel Funeral Dir. Inc.	ADDRESS Senath, Mo
---	---	--	------------------------------

(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.....
Signature of Student Embalmer

Signed..... *Edwin Lavon*

Licensed Embalmer No..... *48*

P. O. Address..... *Summit*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.