

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34722

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3096 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Chillicothe township.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>S.E. of Chillicothe</u> 0540	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOLA</u>	b. (Middle) <u>MAGGIE</u>	c. (Last) <u>SHEARER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1956</u>
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5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 1, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wayne Stucker</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Chris Shearer</u>
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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>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Esther Shearer, Chillicothe, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u> <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LOBAR PNEUMONIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>TOTAL PARALYSIS</u> DUE TO (c) <u>Cerebral Hemorrhage</u>		
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"/>
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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) <u>331X</u>
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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 _____
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22. I hereby certify that I attended the deceased from 10-16-1956 to 10-26-1956, that I last saw the deceased alive on 10-26-56, 1956, and that death occurred at 1:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. W. Matney</u>	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>10/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u>
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DATE RECD BY LOCAL REG. <u>10/27/56</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neil</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald Gordon - Chillicothe, Mo.</u>	ADDRESS _____
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STANDARD FORM NO. 1 - 1-54 - 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

Richard H. Bondall

Licensed Embalmer No. *4866*

P. O. Address *Chillicothe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.