

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3511

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6215		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Horton		c. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN Horton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home				e. STREET ADDRESS (If rural, give location) No Street address			
3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) Bell		c. (Last) shields		4. DATE OF DEATH (Month) (Day) (Year) January 7 1957	
5. SEX Fm		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Owm home		11. BIRTHPLACE (City and State or Foreign Country) Nevada		12. CITIZEN OF WHAT COUNTRY? Missouri USA	
13a. FATHER'S NAME Wm. Kimrey			13b. MOTHER'S MAIDEN NAME Sarah Emery			14. NAME OF HUSBAND/OR WIFE A. T. Shields	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME A. T. Shields		ADDRESS Horton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 4 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis				4 years	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				not 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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 April 14 , 1952, to Jan 7 , 1957, that I last saw the deceased alive on Jan 7 , 1957 and that death occurred at 8:20 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roy W. Pearson MD				23b. ADDRESS Nevada Mo		23c. DATE SIGNED 1/9/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1957 January 9		24c. NAME OF CEMETERY OR CREMATORY Balltown Cemetery		24d. LOCATION (City, town, or county) (State) Horton Missouri	
DATE REC'D BY LOCAL REG. 1-19-1957		REGISTRAR'S SIGNATURE Anna E. Frerking		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

45/0

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. *B. J. Lindley*.....

Licensed Embalmer No. *488*

P. O. Address *Kenada*

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.