

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7291

FILED FEB 26 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 38

|  |                               |   |  |   |   |  |  |   |
|--|-------------------------------|---|--|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b> |   |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Nevada</b>  |                               |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN <b>Nevada</b>   |   | 1083<br>0  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Nevada Hospital</b>   |                               |   |  | Length of stay in 1b  |   | d. STREET (If outside, give location)<br>ADDRESS <b>833 N Colorado</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mabel</b><br>Middle <b>Helen</b><br>Last <b>Shumate</b>  |                               |   | 4. DATE OF DEATH<br>Month <b>February</b><br>Day <b>11</b><br>Year <b>1957</b>   |   |   |  |  |   |
| 5. SEX<br><b>Fm</b>  | 6. COLOR OR RACE<br><b>Wh</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>July 6, 1885</b>   |   | 9. AGE (In years last birthday)<br><b>71</b>                           | IF UNDER 1 YEAR<br>Months<br>Days<br>Hours<br>Min.                                   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Montevallo, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>                           |  |   |
| 13. FATHER'S NAME<br><b>William Clark Henry</b>  |                               |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Nellie Elizabeth Wallace</b>   |   |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                               |   | 16. SOCIAL SECURITY NO.<br><b>500-05-7160</b>  |   | 17. INFORMANT<br>Address<br><b>Marion Ray Moore, R#3, Nevada, MO</b>    |  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Influenza with massive pleural effusion.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Myocarditis</b> |                               |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>11 days</b>                                   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><b>none</b>   |                               |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)<br><b>none</b>  |   |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20c. TIME OF INJURY<br>Hour _____<br>Month _____<br>Day _____<br>Year _____<br><b>none</b>   |                               |   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>none</b>   |   |   |  |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY<br>STATE<br><b>Nevada Vernon Mo</b>                        |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               |   | 21. I attended the deceased from <b>Feb 1-57</b> to <b>Feb 11-57</b> and last saw her alive on <b>Feb 11-57</b><br>Death occurred at <b>10:20 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |  |  |   |
| 22a. SIGNATURE<br><b>W. H. Love, M.D.</b> (Degree or title)  |                               |   |  | 22b. ADDRESS<br><b>Nevada Mo.</b>   |   | 22c. DATE SIGNED<br><b>2-15-57</b>                                     |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                               | 23b. DATE<br><b>February 13 1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Moore Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Nevada Missouri</b> |  |  |   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Ferry Funeral Home, Nevada,</b>  |                               |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>2-21-1957</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Anna J. Perry</b>                      |  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0; diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*L. Douglas Ferry*

Licensed Embalmer No. 4...

P. O. Address.....  
*Thurman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.