

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8485

State File No.

FILED MAR 22 1957

BIRTH NO. 16 34-57 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Rural, Franklin Twp.		c. LENGTH OF STAY (In this place) 50 days	c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R. R. 4 Fayette, Mo.			e. STREET ADDRESS (If rural, give location) Franklin Twp. R. R. 4		
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) LEE c. (Last) SHIELDS			4. DATE OF DEATH (Month) (Day) (Year) MAR. 13, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 16, 1957	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 27 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harold Delane Shields		13b. MOTHER'S MAIDEN NAME Grace Lee Wyatt		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS Harold D. Shields R.R.4 Fayette, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Fulminating Respiratory Infection</p> <p align="center">ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c)</p> <p align="center">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5272			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.	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 2-13, 1957 to 3-13, 1957 , that I last saw the deceased alive on 3-13, 1957 , and that death occurred at 1 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE W. Bloom M.D. Coroner Fayette Mo			23b. ADDRESS Fayette Mo		23c. DATE SIGNED 3-14-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/14/1957	24c. NAME OF CEMETERY OR CREMATORY Big Springs Cemetery	24d. LOCATION (City, town, or county) (State) Howard County, Missouri		
DATE REC'D BY LOCAL REG. 3/14/57	REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Harold D. Shields		ADDRESS Fayette, Missouri

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

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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 embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Fayette, Va.*

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.