

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20819**  
Registrar's No. **102**

FILED JUN 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CARROLL</b>	
b. CITY OR TOWN <b>Trenton Mo.</b>	c. LENGTH OF STAY (in this place) <b>34 years</b>	c. CITY OR TOWN <b>Carrollton</b>	d. Is 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 <b>NEEL'S REST HOME</b>		e. STREET ADDRESS (If rural, give location) <b>R7A #3 0170</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>CAROLINE</b> c. (Last) <b>SHIRLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 10, 1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Oct. 13-1881</b>	9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Hill township Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>George Vance</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH THOMAS</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK SHIRLEY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Shirley</b> ADDRESS <b>Carrollton, Mo.</b>

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Exhaustion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Manic Depressive Insanity</b>		at least 3 yrs
		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	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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) (Min.)	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 16, 1954**, to **June 10, 1957**, that I last saw the deceased alive on **June 8, 1957**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. H. Mullers</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Trenton, Mo.</b>	23c. DATE SIGNED <b>June 11 1957</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-12-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ebenezer</b>
	24d. LOCATION (City, town, or county) (State) <b>Bogard Mo.</b>	

DATE REC'D BY LOCAL REG. <b>6-12-57</b>	REGISTRAR'S SIGNATURE <b>Gene Jarr</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Dickerson Funeral Home</b> ADDRESS <b>Bogard Mo.</b>
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DEC 29 1958

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.....  
*Claude H. Crandall*

Licensed Embalmer No. 4986

P. O. Address.....  
*Winton,*

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.