

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

39

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 4003 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GIBBS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GIBBS Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.W. PART GIBBS		Length of stay in lb	d. STREET ADDRESS S.W. PART
3. NAME OF DECEASED (Type or print) First DELILA Middle Last LASLEY		4. DATE OF DEATH Month JAN. Day 10 Year 1958	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 22, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 79
11. BIRTHPLACE (City and state or country) DEAN, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ISSAAC SHINN		14. MOTHER'S MAIDEN NAME ELIZABETH AILSHIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia (hypostatic) DUE TO (b) Right heart failure DUE TO (c) Cardiac degeneration (chronic) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4222
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1955 to 1/10/58 and last saw her ^{her} _{John} alive on 1/10/58 Death occurred at 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.H. Jasney		22b. ADDRESS 20. Kibberville Mo	22c. DATE SIGNED 1-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 12, 1958	23c. NAME OF CEMETERY OR CREMATORY MITCHELL	23d. LOCATION (City, town, or county) (State) 8 mi. N.W. LIVONIA Mo
24. FUNERAL DIRECTOR Kelley Rogers		ADDRESS Brashear, Mo.	25. DATE RECD. BY LOCAL REG. 1-23-1958
			26. REGISTRAR'S SIGNATURE Doris W. Pateff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Richard B. Kelly*.....
Licensed Embalmer No. *44*

P. O. Address *Elmwood, N.Y.*

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.