

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015231

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 206

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>809 West 7th</u>	
3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>A</u> Last <u>Sheek</u>		4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 22 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Leasville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Sheek</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Denney</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mrs. Nathalia Payton</u> Address <u>Sedalia</u>	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction after operation</u> DUE TO (b) <u>Post the sis. operation by specialist Dr. J. J. [unclear]</u> DUE TO (c) <u>Fracture neck of rt. femur</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Osteoporosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9025 45</u>
20a. ACCIDENT <input checked="" 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.) <u>accidentally fell stepping up on curb</u>	
20c. TIME OF INJURY Hour <u>4-5</u> Month <u>5</u> Day <u>17</u> Year <u>58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Walking on street fell</u>	
20e. CITY, TOWN, OR LOCATION <u>Sedalia</u>		20f. COUNTY <u>Pettis</u> STATE <u>MO</u>	
21. I attended the deceased from <u>4-5-58</u> to <u>4-17-58</u> and last saw her alive on <u>4-16-58</u> Death occurred at <u>Bathwell Hospital</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. R. Maddy M.D.</u>		22b. ADDRESS <u>Sedalia MO</u>	
22c. DATE SIGNED <u>4-17-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Apr. 17 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Tabo cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>	
24. FUNERAL DIRECTOR <u>Mrs. Laughlin Brown</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-1958</u>	
ADDRESS <u>Sedalia</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

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 *KPM Cray*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia Mo*

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.