Health, & Welfare Public Service

S. 300 C 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1959

59-008576

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Alton 07.5 C — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Doctor's Hosp. — Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Carolyn	Middle: Sue	Last: Shields	4. DATE OF DEATH Month Day Year: March 8, 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 7, 1959	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.
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 country): Poplar Bluff, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Eddie Charles Shields	13b. MOTHER'S MAIDEN NAME: Mabel Irene Johnson	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Address: Mr. Charlie Shields, Alton, Missouri		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature labor, cause undetermined

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 776 x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 7, 1959, to March 8, 1959 and last saw her alive on March 8, 1959

Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Engelhardt	22b. ADDRESS: Poplar Bluff, Mo	22c. DATE SIGNED: 3-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-9-1959	23c. NAME OF CEMETERY OR CREMATORY: Cave Spring Cemetery	23d. LOCATION (City, town, or county) (State): Oregon County, Missouri
24. FUNERAL DIRECTOR: Leland Carter	ADDRESS: Thayer Mo	25. DATE RECD. BY LOCAL REG.: 3/21/59	26. REGISTRAR'S SIGNATURE: R. J. Minetree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
MAR 25 1959
BUTLER CO. HEALTH CENTER

FILE No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4576

P. O. Address .....

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.