

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039096

FILED VS OCT 24 1960

Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 53 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville		Length of stay in 1b	c. CITY OR TOWN Wellsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 524 N. 2nd St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 524 N. 2nd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DOROTHY Middle SHONESY Last SHONESY			4. DATE OF DEATH Month Oct. Day 15, Year 1960			
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct, 3, 1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 0 Days 12	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Wellsville, Mo		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME James Stogsdill		13b. MOTHER'S MAIDEN NAME Elizabeth Whitehead		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) no		16. SOCIAL SECURITY NO.		17. INFORMANT Ethel Stogsdill, Wellsville, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour s.m. p.m. 	Month, Day, Year 		
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 **Oct 10, 1960** to **Oct 15, 1960** and last saw her **him** alive on **Oct 15, 1960**
Death occurred at **Oct 15 - 1960, 6:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Willis H. Muller D.O.		22b. ADDRESS Wellsville Mo.		22c. DATE SIGNED 10/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 18 - 1960	23c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery	23d. LOCATION (City, town, or county) Wellsville Mo	
24. FUNERAL DIRECTOR Wells Funeral Home, Wellsville, M.		25. DATE RECD. BY LOCAL REG. 10/19/60	26. REGISTRAR'S SIGNATURE Laura B Callaway	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 1 8 100

0961 2 NOV

OCT 26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.