

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 388 Primary Registration District No. 3032 Registrar's No. 105

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED DEC 12 1961

1. **PLACE OF DEATH**
 a. COUNTY Linn
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline Length of stay in 1b 1-Day
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION H. Burton Rest Home Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Chariton
 c. CITY OR TOWN Keytesville Inside Limits Yes No
 d. STREET-ADDRESS (If outside, give location) Keytesville Twp. Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Julia Middle Raine Last Shearon 4. **DATE OF DEATH** Month Dec. Day 6th Year 1961

5. **SEX** Female 6. **COLOR OR RACE** White 7. **Married** **Never Married**
Widowed **Divorced** 8. **DATE OF BIRTH** 1-22-1876 9. **AGE** (last birthday) 85
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) House wife 10b. **KIND OF BUSINESS OR INDUSTRY** House Wife 11. **BIRTHPLACE** (City and state or country) Huntsville, Mo. 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** John A. Dickerson 13b. **MOTHER'S MAIDEN NAME** Anna Bentley 14. **NAME OF HUSBAND OR WIFE** Thomas E. Shearon

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.** None 17. **INFORMANT** William Shearon, Keytesville, Mo. 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) Acute Pneumonia, Bilateral, Severe INTERVAL BETWEEN ONSET AND DEATH 1 week
 DUE TO (b) Fracture of hip, Surgically repaired 2 1/2 wks
 DUE TO (c) Generalized Arteriosclerosis indefinite
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

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 _____ Month, Day, Year _____ a.m. p.m.

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** Marceline, Mo COUNTY STATE

21. I attended the deceased from 12/5 to 12/6/61 and last saw her alive on 12/5
 Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. **SIGNATURE** (Degree or title) Blannon A. Garner, M.D. 22b. **ADDRESS** Marceline, Mo 22c. **DATE SIGNED** 12/8/61

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Burial 23b. **DATE** 12-8-1961 23c. **NAME OF CEMETERY OR CREMATORY** Corinth Cemetery 23d. **LOCATION** (City, town, or county) (State) Chariton County, Mo.

24. **FUNERAL DIRECTOR** H.D. Samett ADDRESS Keytesville, Mo. 25. **DATE RECD. BY LOCAL REG.** DEC. 7 1961 26. **REGISTRAR'S SIGNATURE** Anna Wilson

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 William K. Fedala

Licensed Embalmer No. 4500

P. O. Address Manhasset
N.Y.

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.