

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 35 Primary Registration District No. 5199 Registrar's No. 130

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 24 1962

VS 300
Rev. 4/59

10170
2171
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VanHorn Township		c. CITY OR TOWN Carrollton	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 5 South Kinsey Street	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Merle Lawrence Shields			4. DATE OF DEATH Month Oct. Day 13 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-23-43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Carroll County U.S.A.
13a. FATHER'S NAME Eugene Shields		13b. MOTHER'S MAIDEN NAME Della Sedwick	14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		17. INFORMANT 8 Eugene Shields (Carrollton Mo)	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE FRACTURES TO COMPLETE DESTRUCTION OF LEGS, ARMS AND TOP OF SKULL BY BURMICK		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last.		DUE TO (b) DESTRUCTION OF LEGS, ARMS AND TOP OF SKULL BY BURMICK	
DUE TO (c) TOP OF SKULL BY BURMICK		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) 2 CAR ACCIDENT	
20c. TIME OF INJURY Hour 7:00 p.m. Month, Day, Year Oct. 13, 1962			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 65, Tina, Mo	20f. CITY, TOWN, OR LOCATION R.R. Tina, Carroll, Mo	
21. I attended the deceased from AT GROCER'S and last saw her/him alive on _____		Death occurred at 7:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Corbett R. Amid		22b. ADDRESS 1021 9th St. Carrollton, Mo	
22c. DATE SIGNED 10/17/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-15-62	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Carrollton Mo.
24. FUNERAL DIRECTOR Marshall F. Home (Carrollton Mo.)		25. DATE REC'D. BY LOCAL REG. 10-20-1962	26. REGISTRAR'S SIGNATURE Ann Calcutt Hale Moore

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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 Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. M. ...*

Licensed Embalmer No. 4469

P. O. Address Carrollton, 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.