

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047859

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 236

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10791

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED JAN 8 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pemiscot</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>New Madrid</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Length of stay in lb <u>5 days</u>	c. CITY OR TOWN <u>N. Lilbourn</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>N. Lilbourn</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	Month Day Year
First <u>Fred</u> Middle <u>Sheffa</u> Last		<u>December 25 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-1-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>83</u>
13a. FATHER'S NAME <u>Floyd Sheffa</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Warner</u>	11. BIRTHPLACE (City and state or country) <u>Clarksdale, Mississippi</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>		14. NAME OF HUSBAND OR WIFE <u>Callie Sheffa</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		17. INFORMANT <u>Callie Sheffa-Lilbourn, Mo.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
20c. TIME OF INJURY		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary arteriosclerosis</u> 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) <u>Severe pyelonephritis</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20f. CITY, TOWN, OR LOCATION		20c. TIME OF INJURY	
20g. COUNTY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20h. STATE		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>Dec 10 1962</u> to <u>Dec 23 1962</u> and last saw her alive on <u>Dec 24 1962</u>		21. I attended the deceased from _____ to _____ and last saw her alive on _____	
22a. SIGNATURE (Degree or title) <u>David R. Henney M.D.</u>		22b. ADDRESS <u>Lilbourn</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>		22d. LOCATION (City, town, or county) <u>Near New Madrid, Mo.</u>	
22e. DATE SIGNED <u>12/27/62</u>		22f. STATE <u>Mo.</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-30-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>		23d. LOCATION (City, town, or county) <u>Near New Madrid, Mo.</u>	
24. FUNERAL DIRECTOR <u>Ponder Funeral Home-Lilbourn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-3-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>		27. ADDRESS	

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 Shirley B. Pender

Licensed Embalmer No. 5030

P. O. Address Lithonia, 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.