MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049384
STATE FILE NUMBER

Registration District No. 372 Primary Registration District No. 6268 Registrar's No. 1

FILED JAN 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1120
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Township
Length of stay in Ib: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Niangua R.F.D. # 2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Webster
c. CITY OR TOWN: Rural # 2 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D 2, Niangua — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GOLDIA Middle: EURENA Last: SHIELDS
4. DATE OF DEATH: Month December Day 24, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/25/1895
9. AGE (last birthday): 67 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Rogersville, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Mincks
13b. MOTHER'S MAIDEN NAME: Dora York
14. NAME OF HUSBAND OR WIFE: Orrel E. Shields
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.: ----
17. INFORMANT: Francis Montgomery, Niangua, Mo. Address: R.F.D. # 2

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): MEDULLARY PARALYSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL THROMBOSIS
DUE TO (c): ARTERIOSCLEROSIS
INTERVAL BETWEEN ONSET AND DEATH
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 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 12/24/62 to 12/24/62 and last saw her alive on 12/24/62
Death occurred at 9:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature], DO (Degree or title)
22b. ADDRESS: Marshfield, Mo
22c. DATE SIGNED: 12/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/27/1962
23c. NAME OF CEMETERY OR CREMATORY: Holland Cemetery
23d. LOCATION (City, town, or county) (State): Greeme County, Missouri

24. FUNERAL DIRECTOR: Ralph Thieme, Springfield, Missouri ADDRESS: 1200 Boonville Avenue
25. DATE RECD. BY LOCAL REG.: 12-31-62
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Joplin, 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.