

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 102299

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheldon		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) IENA		b. (Middle) (N)		c. (Last) MIKESELL	
4. DATE OF DEATH		(Month) June		(Day) 7		(Year) 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 10-1872		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Madison, Wis.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Chris. Crogan		13b. MOTHER'S MAIDEN NAME Sophia Ellison		14. NAME OF HUSBAND OR WIFE Walter Mikesell			
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'S SIGNATURE OR NAME ADDRESS Walter Mikesell Sheldon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH  5 days  331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LAMAR</u> <u>HR</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 3, 1950</u> , to <u>June 7, 1950</u> , that I last saw the deceased alive on <u>June 7, 1950</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. K. Guelderer M.D.</u>				23b. ADDRESS <u>LAMAR</u>		23c. DATE SIGNED <u>6-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>		24d. LOCATION (City, town, or county) (State) <u>Sheldon</u> <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-15-1950</u>		REGISTRAR'S SIGNATURE <u>Marie</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph L. Deeny</u> <u>Sheldon</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 26 1950  
District Health Office No. 6,  
District File Number 650-717  
Date Filed 6-26-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed L. Gerald Beery

Signed .....  
Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Sheldon Me.

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 this body is not embalmed, fact should be so stated above.