

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-039657

STATE FILE NUMBER

Registration District No. 737 Primary Registration District No. 3023 Registrar's No. 262

FILED NOV 15 1965

VS 300 Rev. 4/59	DATE AMENDED				
1 <u>0425</u>	DATE AMENDED				
2 <u>0425</u>	DATE AMENDED				
3	DATE AMENDED				
4 <u>1</u>	DATE AMENDED				
5 <u>1</u>	DATE AMENDED				
6	DATE AMENDED				
7 <u>0</u>	DATE AMENDED				
8 <u>2</u>	DATE AMENDED				
9 <u>153.8</u>	DATE AMENDED				
10	DATE AMENDED				
11	DATE AMENDED				
12 <u>90-0</u>	DATE AMENDED				
13 <u>1-2</u>	DATE AMENDED				

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b <u>2 mo</u>	c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>228 N Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>228 N Washington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Bell</u> Last <u>Sheets</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>11</u> Year <u>1965</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Feb 19-1881</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cedar Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>David Chaney</u>		13b. MOTHER'S MAIDEN NAME <u>Seng Merriman</u>	14. NAME OF HUSBAND OR WIFE <u>Ezra Sheets</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>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs Velma Ritter Clinton Mo</u>
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>carcinoma colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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>C. T. Walker</u>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) <u>Heart Attack</u>	
20c. TIME OF INJURY Hour a.m. p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Jan. 1965</u> to <u>Nov 11, 1965</u> and last saw him alive on <u>Nov 11, 1965</u> Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>		22b. ADDRESS <u>Clinton, Mo</u>	22c. DATE SIGNED <u>11-13-65</u>
23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>11-14-65</u>	<u>Deepwater Cem</u>	<u>Deepwater Mo</u>
24. FUNERAL DIRECTOR <u>Siekman-Dunning FH Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 12, 1965</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> MB

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI

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 STANLEY J. SICKMAN, Student Embalmer No. 750

working under my personal supervision.

Student Stanley J. Sickman
Signature of Student Embalmer

Signed R. L. Dinning

Licensed Embalmer No. 4710

P. O. Address Clinton MS

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.

Permit Obtained 11-14-65 (MS)