

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph Co
(b) City or town Huntsville Ind
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 4040 years, months or days (Specify whether 1113)

3. (a) PRINT FULL NAME LOUELLA SHIFLETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife Thomas Shiflett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 13 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas N. Magier
13. Birthplace Randolph
(City, town, or county) (State or foreign country)

14. Maiden name Sarah G. Hardister
15. Birthplace Randolph Co
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs John McDonald
(b) Address Huntsville Ind

17. (a) Burial (b) Date thereof Jan 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville Ind

18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville Ind

19. (a) Jan 3 - 1940 (b) Mrs D A. Breunhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 1940
year 5 hour 40 minute 9 M.

21. I hereby certify that I attended the deceased from May 5 1938 to Jan 29 1940;
that I last saw her alive on Jan 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 3 hours

Due to arterio-sclerosis

Due to _____

Other conditions 9410
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature P. Dreyer M.D. (M. D. or Other)
Address Huntsville Ind Date signed 2/3/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 2-40-328

Date Filed FEB 3 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3464

Do not use this space.

1. PLACE OF DEATH
(a) County Pandolph Registration District No. 1738
(b) Township Huntsville Primary Registration District No. 4438 Registered No. _____
(c) City Huntsville (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. 10 How long in U.S., if of foreign birth? yrs. mos. ds. _____
2. PRINT FULL NAME Louella Shiflett
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 4 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED 2-3-1940 Hub D A Barnhart Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1940
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows: _____
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. V. Dreyer, M. D.
(Address) Huntsville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-3464