

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57021797

FILED JUN 18 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 4302 Registrar's No. 151

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Livingston</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Livingston</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula</u>	c. LENGTH OF STAY (In this place) <u>20 years.</u>	c. CITY OR TOWN <u>Chula</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>0540</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mabel</u>	b. (Middle) <u>Marilda</u>	c. (Last) <u>Shiflet</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Mabel</u>	<u>Marilda</u>	<u>Shiflet</u>	<u>June 6 1957</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 9 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nathan Patterly</u>	13b. MOTHER'S MAIDEN NAME <u>Catharine Millam</u>	14. NAME OF HUSBAND OR WIFE <u>Albert T. Shiflet</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donnie Musgrove, Linnwood</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Strangulation</u>		<u>Five Minutes</u>
	ANTECEDENT CAUSES		
	DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>974x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide In garage</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chula, Livingston, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 6 '57 9 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pt. hung herself</u>
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22. I hereby certify that I attended the deceased from Nov 29, to _____, 19____, that I last saw the deceased alive on June 6, 1957, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph P. Conrad, M.D. (Coroner)</u>	23b. ADDRESS <u>Chillicothe, MO</u>	23c. DATE SIGNED <u>June 7-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parson Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling, MO</u>
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DATE REC'D BY LOCAL REG. <u>6/17/57</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Robertson Funeral Home Chula</u>
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(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1959

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

Licensed Embalmer No. 4

P.O. Address

Laredo

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.