

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36668
Registrar's No. 51

NOV 7 1939
Registration District No. 558

Primary Registration District No. 5752

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town "Rural" Lindley
(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 _____
years, months or days

3. (a) PRINT FULL NAME Wm. Riley Shirley

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Loretta Shirley 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Nov. 28 1857
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

MOTHER FATHER

12. Name Samuel Shirley

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Williams

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Blanche Woods

(b) Address Princeton Mo.

17. (a) Bethel Cemetery (b) Date thereof Oct. 11, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Noel Mass

(b) Address Princeton Mo.

19. (a) 10/11-39 (b) J.M. Purdy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Rural - Mercer
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. Native American years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1939 hour 11 minute 55 p. M.

21. I hereby certify that I attended the deceased from October 9th, 1939, to October 9, 1939, that I last saw him alive on October 9th, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic coma, the result of Cardio-vascular-renal disease with special reference to the degree of kidney involvement.

Due to 2. Had a cerebral embolus 5 years before, which had resulted in complete paralysis rt. arm and

Other conditions 1. Congestive heart failure within 3 months of death

Major findings: Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur None
(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 Family

23. Signature A.S. Bristow (M. D. or Registrar) M.P.

Address Bristow Bldg. Princeton, Mo. Date signed 10/11 1939

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

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.

Mr. Shirley was a patient of Dr. T. S. Duff, Cainsville, Mo. Dr. Duff, is on vacation, and asked me to attend to the finalities of this case for him. He had been a patient of Dr. Duff for about 20 years.

A. S. Bristow, M.D.

Missouri Health Officer No. _____
Missouri File Number 1139-1414
Date Filed NOV 3 1939

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 Noel Moss
Licensed Embalmer No. 2634
P. O. Address Princeton 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 this body is not embalmed, above space should be left blank.