

S. No. 300  
V. 10-48

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1151

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u> <u>91</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lesterville</u> <u>2</u>	
c. LENGTH OF STAY (in this place) <u>12 hours</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Mary's Hospital</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>Hunt</u> c. (Last) <u>Shy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15 49</u>
5. SEX <u>fem /</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 12 1880</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 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>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lesterville Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frederick C. Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Stegall</u>	14. NAME OF HUSBAND OR WIFE <u>Lucius Shy</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'S SIGNATURE OR NAME ADDRESS <u>Fred R. Shy Lesterville Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acidosis</u> <u>Diabetes mellitus</u> <u>Arteriosclerosis, general</u>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, general</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 years</u>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>Jan. 14, 1949</u> , to <u>Jan. 15, 1949</u> , that I last saw the deceased alive on <u>Jan. 15, 1949</u> , and that death occurred at <u>7:10 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ben W. Bull M.D.</u>		23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>1-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 25 - 49</u>	REGISTRAR'S SIGNATURE <u>Miss Ann Jones</u> <u>128</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton Missouri</u>	

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

47  
1  
0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 149-14

Filed 1-29-49

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.

Signed Arnold J. White

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Imperial Hill

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.