

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1993**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5821** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Matthews, Mo</b> <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN- <b>Rural Matthews</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rt#2 Matthews, Mo</b>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eugene</b> b. (Middle) c. (Last) <b>Shy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 13 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>2 Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>12/24/1873</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Miss</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>Pop Shy</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Sylvia Shy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sylvia Shy Rt#2 Matthews, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Ch,</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>C11D3U</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>fracture Hip, Accidental</b>	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.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 48</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
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22. I hereby certify that I attended the deceased from **Dec 19** to **Dec 19**, 19**49**, that I last saw the deceased alive, on **12 Jan**, 19**49** and that death occurred at **2 A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chris W. Meier</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Sikeston Mo</b>	23c. DATE SIGNED <b>21 Jan 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/14/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sun Set Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Feb-49</b>	REGISTRAR'S SIGNATURE <b>Helena Laid Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.W. Albritton, Sikeston, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

7  
2  
8

7  
2  
8

RECEIVED

District Health Office No. 2,

District File Number 249.233

Date Filed 2-8-49

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 \_\_\_\_\_

not embalmed

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed John Acanton

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

Licensed Embalmer No. 2941

P. O. Address Suburban

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.