

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23218

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4213 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Montrose</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Montrose</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>in Montrose</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WARREN</u>	b. (Middle) <u>CARL</u>	c. (Last) <u>SHY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1949</u>
-------------------------------------	--------------------------	-------------------------	----------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>January 29, 1876</u>	9. AGE (in years last birthday) <u>73</u>	10. MONTHS <u>5</u>	11. DAYS <u>26</u>	12. HOURS <u></u>	13. MIN. <u></u>
--------------------	-------------------------------	---	--	---	---------------------	--------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work considering most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Ladue, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
---	---	---	---

13a. FATHER'S NAME <u>Carl Shy</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Lawin</u>	14. NAME OF HUSBAND OR WIFE <u>Grace 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. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Ditty</u>	ADDRESS <u>Montrose Mo</u>
--	--	---	----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4.500</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	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)	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 3-26, 1947, to 7-25, 1949, that I last saw the deceased alive on 7-25, 1949, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Baggerly MD</u>	23b. ADDRESS <u>Montrose Mo</u>	23c. DATE SIGNED <u>7-26-49</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beverly Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose, Mo</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>July 27-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Stewart</u>	ADDRESS <u>Clinton Mo</u>
--	---	-----	---	---------------------------

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

4200

RECEIVED
District Health Officer No. 7,
District File Number 249-920
Date Filed 8-1-49

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.

Student _____
Student Embalmer

Signed W. A. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.