

FILED MAY 3 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 12689

390

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If registration: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		d. FULL NAME OF (If not in hospital, name of street, building, or institution) <u>Route #2 Blaine St</u>	
d. FULL NAME OF (If not in hospital, name of street, building, or institution) <u>Route #2 Blaine St</u>		e. STREET ADDRESS (If not give location) <u>R. #2 Blaine St 0390</u>	
3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Tray</u> c. (Last) <u>Shayer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 24, 1878</u>
9. AGE (In years if under 1 year; last birthday) <u>70</u>	10. MONTHS <u>7</u>	11. DAYS <u>3</u>	12. HOURS <u>3</u> MIN. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair Work</u>	
11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Moses Shayer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ethel Shayer</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Shayer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Shayer</u>		18. ADDRESS <u>Rt #2 Springfield, Mo. 65756</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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated Cor Pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Pulmonary Infarcts</u> DUE TO (c) <u>Phlebotrombosis of Lower Extremities</u> <u>Cause unknown.</u>		including <u>4343</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mitral stenosis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>27 March, 1950</u> , to <u>24 April, 1950</u> , that I last saw the deceased alive on <u>24 April, 1950</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver L. Williams, Jr.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>4/27/50</u>		24. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 28, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens Cemetery</u>		24d. FUNERAL DIRECTOR'S SIGNATURE <u>Blue Bolivar, Mo.</u>	
DATE REC'D BY LOCAL REG <u>4-28-50</u>		REGISTRAR'S SIGNATURE <u>W. J. Handley</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Blue Bolivar, Mo.</u>		ADDRESS <u>Blue Bolivar, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Willard B. Erwin*.....

Licensed Embalmer No. *3092*.....

P. O. Address *Bolivar, 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, fact should be so stated above.