

FILED FEB 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7229

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Shelby</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Shelbyville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Shelbyville</i> 1930	
c. LENGTH OF STAY (In this place) <i>75 yrs</i>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>HENRY</i> c. (Last) <i>McSORLEY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 3 1951</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 20 1874</i>		9. AGE (In years last birthday) <i>76</i> IF UNDER 1 YEAR Months <i>3</i> Days <i>13</i> IF UNDER 4 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i></i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (State or foreign country) <i>Know County Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>C. C. McSorley</i>		13b. MOTHER'S MAIDEN NAME <i>Ludie Miller</i>		14. NAME OF HUSBAND OR WIFE <i>Lelah Lelia McSorley</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Lelah McSorley Shelbyville Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>36 days</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>		DUE TO (b) <i>Cerebral Arteriosclerosis</i>			?
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<i>3. 4 x</i>

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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 *Dec 29, 1950*, to *Feb 3, 1951*, that I last saw the deceased alive on *Feb 2, 1951*, and that death occurred at *4:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. C. Greiner M.D.</i> (Degree or title)		23b. ADDRESS <i>Shelbyville Mo</i>		23c. DATE SIGNED <i>2-6-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb 4-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Shiloh Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Shelby County Mo</i>		DATE REC'D BY LOCAL REG. <i>Feb 16-51</i>		REGISTRAR'S SIGNATURE <i>Ada Garrison</i>	
5. FURNERAL DIRECTOR'S SIGNATURE <i>E. P. Thompson</i>		ADDRESS <i>Shelbyville Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

020

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-9
Date Filed: FEB 19 1951

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville 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.