

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32384

State File No. ....

FILED OCT 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6251 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY OR TOWN <u>Rural</u> (If outside corporate limits, write RURAL and give name of township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>1110</u> <u>Leeper, Missouri</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Shirley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>30</u> <u>1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8-13-1886</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>17</u> Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Joseph Dudley</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary Gage</u>		14. NAME OF HUSBAND OR WIFE <u>Bert Shirley</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cyntha Bushan, 1st. Louis, Missouri</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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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) <u>4201</u>	
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 old not from her two after death, that I last saw the deceased alive on 8-29, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>St. James, M.D.</u> (Degree or title)		23b. ADDRESS <u>Piedmont Mo</u>		23c. DATE SIGNED <u>9-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Piedmont, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Sept. 28, 51</u>		REGISTRAR'S SIGNATURE <u>Harold Ward</u> <u>460</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William Code Piedmont Mo</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

OCT 3- 1951

WAYNE CO. HEALTH CENTER

FILE No. 1051-64

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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 William Cooker

Licensed Embalmer No. 3723

P. O. Address. Prescott

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.