

DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37938

State File No.

| | | | | | | | |
|---|-------------------------------|--|--|---|---------------------------------|---|------------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>55</u> | | PRIMARY REG. DIST. NO. <u>3011</u> | | Registrar's No. <u>101</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>CARROLL</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u> | | c. LENGTH OF STAY (in this place) <u>9 DAYS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard Mo. 0170</u> | | d. STREET ADDRESS (If rural, give location) <u>city.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BALES HOSP.</u> | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>Franklin</u> c. (Last) <u>SHIRLEY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 20 - 1952</u> | | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OF RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>NOV-19-1866</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>0</u> | IF UNDER 1 YEAR Hours <u>1</u> | IF UNDER 4 HRS. Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | | 11. BIRTHPLACE (State or foreign country) <u>KY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>George Shirley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Hatchet</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs H. E. Shirley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rose Daniels Jones, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last - DUE TO (b) <u>Senility</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERNAL BETWEEN ONSET AND DEATH <u>0</u> | |
| 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 <u>Nov 1</u> , 19 <u>52</u> , to <u>NOV 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>NOV 20</u> , 19 <u>52</u> , and that death occurred at <u>11:30</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. A. Dickerson</u> (Degree or title) | | | | 23b. ADDRESS <u>Bogard</u> | | 23c. DATE SIGNED <u>11-21-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>NOV-22 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Van Horn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bogard Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11/21/52</u> | | REGISTRAR'S SIGNATURE <u>Mrs Herbert Calvert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Dickerson</u> | | ADDRESS <u>Bogard Mo.</u> | |

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

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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 Ed. A. Larson

Licensed Embalmer No. 2534

P. O. Address Bogard 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.