

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26993

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY OR TOWN <u>WEST PLAINS</u>		c. CITY OR TOWN <u>WEST PLAINS</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>MISSOURI AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MASK REST HOME</u>		0 <u>461</u> 0	
3. NAME OF DECEASED (Type or Print) <u>SHIRLEY ANN SHUEY</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>8-9-54</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>2-11-1938</u>
9. AGE (In years last birthday) <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>	11. BIRTHPLACE (State or foreign country) <u>MTN. VIEW, MISSOURI</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>E. A. SHUEY</u>		13b. MOTHER'S MAIDEN NAME <u>TRENE PORTER SHUEY</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TRENE SHUEY, WILLOW SPRINGS, MO</u> ADDRESS <u>X</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>Intra-Abdominal Hemorrhage</u> ANTECEDENT CAUSES Malignant Embryonal Hepatoma DUE TO (b) <u>Chronic Glomerular Nephritis</u> DUE TO (c) <u>Chronic Glomerular Nephritis</u> 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 checked="" type="checkbox"/> NO <input 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>West Plains Howell Mo.</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Doc R. Duncan Coronar</u>		23b. ADDRESS <u>W. View Mo</u>	23c. DATE SIGNED <u>8-26-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>8-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MTN. VIEW,</u>	24d. LOCATION (City, town, or county) (State) <u>MTN. VIEW, MO</u>
DATE REC'D BY LOCAL REG. <u>8-30-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ROBERTSONS, WEST PLAINS, MO</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 3437

P. O. Address West Hill

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.