S. No. 300
. 10.48

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3777

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5007 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - SALT RIVER
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 MI SOUTH BRASHEAR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: ADAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0010 RURAL - SALT RIVER TWP
d. STREET ADDRESS (If rural, give location): 2 MI - SOUTH BRASHEAR

3. NAME OF DECEASED (Type or Print): a. (First) MURL b. (Middle) RICHARD c. (Last) SHIRKEY

4. DATE OF DEATH (Month) (Day) (Year): FEB. 9 1955

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 4 1887

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (City and State or Foreign Country): WASHTA IOWA

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: "UNKNOWN" - SHIRKEY

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: MARY INEZ CROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 481-07-9406

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MARY INEZ SHIRKEY BRASHEAR MO

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): Coronary Occlusion (acute)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis (Vascular)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION: ✓ 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 9, 1955, *to* Feb 9, 1955, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Rosner D.O.

23b. ADDRESS: Kirksville MO

23c. DATE SIGNED: 2-12/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: FEB 12, 1955

24c. NAME OF CEMETERY OR CREMATORY: MAPLE HILLS

24d. LOCATION (City, town, or county) (State): KIRKSVILLE MO

DATE REC'D BY LOCAL REG.: 2-23-55

REGISTRAR'S SIGNATURE: Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Geo B Easley Jr. Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 1955

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 Geo B. Easley Jr

Licensed Embalmer No. 3755

P. O. Address Kirkland 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.