

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14532

State File No.

FILED JUN 8 1955

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>146</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				STREET ADDRESS (If rural, give location) <u>Livonia, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Shrake</u>			4. DATE OF DEATH <u>May 31, 1955</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Apr 29 1882</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 2 HRS. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Exline Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.A.</u>		
13a. FATHER'S NAME <u>Charles Shrake</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Josie Shrakes</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josie Shrakes, Livonia, 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>Cerebral accident, Prob. Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation and Heart Block</u>				Unknown				
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy</u>							Unknown	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>43-31</u>		
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) (Min.)		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>May 27</u> , 19 <u>55</u> , to <u>May 31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 31</u> , 19 <u>55</u> , and that death occurred at <u>6:10 AM</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Josie Shrakes Jr. D.O.</u>				23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>May 31, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>June 2, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Exline cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Exline Iowa.</u>		
DATE REC'D BY LOCAL REG. <u>5-31-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.C. Husted, Son, Urnville 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.....
Signature of Student Embalmer

Signed.....
Muel E. Husted

Licensed Embalmer No. 380

P. O. Address.....
Amosville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.