

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 47

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| 1. PLACE OF DEATH a. COUNTY MADISON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN | | c. CITY OR TOWN FREDERICKTOWN | |
| c. LENGTH OF STAY (in this place) 2 YRS. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 601 W. MAIN ST. | | STREET ADDRESS (If rural, give location) 601-W-MAIN ST. 0621 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ARNOLD b. (Middle) ERNEST c. (Last) SHRYOCK | | | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 18, 1955 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH MARCH 3, 1888 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 7 Days 15 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT-FUTURIZER (RET) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) MADISON COUNTY, MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME HIRAM DOUGLAS SHRYOCK | | 13b. MOTHER'S MAIDEN NAME CORINA MATTHEWS | | 14. NAME OF HUSBAND OR WIFE ESTHER G. SHRYOCK (DECEASED) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 489-328120 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS STANLEY SHRYOCK - CORNWALL, MO. | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism | | | INTERVAL BETWEEN ONSET AND DEATH At once |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Thrombophlebitis of Rt leg. | | | |
| DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 463x | | | |

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| 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) m. | | 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 **OCT 10, 1955**, to **OCT 13, 1955**, that I last saw the deceased alive on **OCT 13, 1955**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Charles E. Neubach MD | | 23b. ADDRESS Fredericktown Mo. 135 S. Main La Motte. | | 23c. DATE SIGNED OCT. 18, 1955 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 10/20/55 | | 24c. NAME OF CEMETERY OR CREMATORY SNOWDENVILLE | | 24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO. | |
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| DATE REC'D BY LOCAL REG. 10-22-1955 Florence Pickens | | REGISTRAR'S SIGNATURE St. Adamson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Adamson - FREDERICKTOWN MO. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
OCT 24 1955
RECEIVED

FILE No. 1055-47

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 Raymond Wilson

Licensed Embalmer No. 48

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.