

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36162**

FILED DEC 12 1955

BIRTH NO. **85856-55** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **323**

1. PLACE OF DEATH a. CITY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Fulton Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 hrs		e. STREET ADDRESS (If rural, give location) RFD 5 Fulton Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Infant	b. (Middle)	c. (Last) Shay	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 9, 1955	9. AGE (In years last birthday) 6 MONTHS 16 DAYS	10. UNDER 1 YEAR 6 MONTHS 16 DAYS	11. UNDER 18 YRS. 6 MONTHS 16 DAYS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	10b. KIND OF BUSINESS OR INDUSTRY nil	11. BIRTHPLACE (City and State or Foreign Country) Fulton Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Paul Shay	13b. MOTHER'S MAIDEN NAME Lenore Stack	14. NAME OF HUSBAND OR WIFE ---
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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. no	17. INFORMANT'S SIGNATURE OR NAME Paul Shay	ADDRESS Rt. 5 Fulton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immature Birth (wt #143)		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 9, 1955**, to _____, 19____, that I last saw the deceased alive on **Dec 9, 1955**, and that death occurred at **3 1/2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Hice, MD	23b. ADDRESS 607 Court, Fulton, Mo	23c. DATE SIGNED Dec 10, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/10/55	24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	24d. LOCATION (City, town, or county) (State) Fulton Mo.
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DATE REC'D BY LOCAL REG. Dec-10-1955	REGISTRAR'S SIGNATURE Maretha Lawrence	426	FUNERAL DIRECTOR'S SIGNATURE W. Simpson	ADDRESS Fulton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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: *Wm. G. Stewart*

Licensed Embalmer No. *377*

P. O. Address *Fulton*

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.