

FILED MAY 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 178303

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5946		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived—Institution, residence before admission). a. STATE MO. b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give town) Rural S. Meramec		c. LENGTH OF STAY (in this place) township) 50 yrs		c. CITY OR TOWN St. James		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 L-1				e. STREET ADDRESS (If rural, give location) S. Meramec - Rural -			
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Shuey			c. (Last) Shuey	
4. DATE OF DEATH		(Month) May		(Day) 4		(Year) 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 1		8. DATE OF BIRTH Nov. 29, 1872	
9. AGE (In years last birthday) 83		10. YEARS MONTHS 5 5		11. BIRTHPLACE (City and State or Foreign Country) Knoxville, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY				
13a. FATHER'S NAME Wm Shuey			13b. MOTHER'S MAIDEN NAME Mary Ann Miller			14. NAME OF HUSBAND OR WIFE Lucy Shuey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. L		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen Shuey (Son) St James 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 0
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis about 2 years					
		DUE TO (c) Hypertension 1 year					
		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 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)		4201	
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 5-4, 1956 to 5-4, 1956 that I last saw the deceased alive on 5-4, 1956 and that death occurred at 4:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) C.V. Hamner, M.D.				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 5-5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 6, 1956		24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.		24d. LOCATION (City, town, or county) (State) St. James, MO.	
DATE REC'D BY LOCAL REG. 5-6-1956		REGISTRAR'S SIGNATURE Ruth B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE Orel E. Ziblicki - St. James, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Phelps County Health Officer,

County File Number 436

Date Filed MAY 15 1958

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 ML Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Orrel E. LeKlier
Licensed Embalmer No. 35
P. O. Address St. James

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.