

FILED SEP 4 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 26248

BIRTH NO. 50143-56 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Cape Girardeau</b> )		c. LENGTH OF STAY (in this place) <b>8 hours</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jackson</b>		d. STREET ADDRESS (If rural, give location) <b>810 Dorthy</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Mo. Hospital</b>							
3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>SHIRLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 23 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 22 1956</b>		9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months <b>—</b> Days <b>—</b>	IF UNDER 24 HRS. Hours <b>8</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jack D. Shirley</b>		13b. MOTHER'S MAIDEN NAME <b>Glyndon Bowman</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jack Shirley Jackson, Mo.</b>			
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) <b>Anoxia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Respiratory arrest</b> DUE TO (c) <b>Prematurity</b> 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 <b>7625</b>				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) (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 <b>8-22 1956</b> , to <b>8-23 1956</b> , that I last saw the deceased alive on <b>8-23 1956</b> and that death occurred at <b>3:18 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <b>[Signature]</b>				23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>8/24/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/23/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Russell heights</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8-27-56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FEDERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>McComb Furn. &amp; Ld. Co. Jackson, Mo.</b>	

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

44-0

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signature *Perry Grindstaff*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *Jackson, MS*

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.