Health, Welfare Public Service

300
1-56

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33771
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 292

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Tow P — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton MoRR5 — Length of stay in Ib 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Clinton RR 5 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Homer Middle Lee Last Shriner
4. DATE OF DEATH Month Day Year 10-17-1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 14 April 1891
9. AGE (In years last birthday) 65
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Bolivar Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edmon Shriner
14. MOTHER'S MAIDEN NAME Ida F Cannon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-32-3230
17. INFORMANT Allie Shriner Address Clinton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary infarction — 10 yrs
DUE TO (c) coronary infarction — 12 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1944, to 10-17-56 and last saw him alive on 7 Feb. 1956
Death occurred at 10-17-56 7:15 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R J Powell (Degree or title) DO
22b. ADDRESS Clinton, Mo
22c. DATE SIGNED 10/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-19-1956
23c. NAME OF CEMETERY OR CREMATORY Englewood cem
23d. LOCATION (City, town, or county) (State) Clinton Mo

24. FUNERAL DIRECTOR Sickman-Dunning ADDRESS Clinton Mo
25. DATE RECD. BY LOCAL REG. 10-19-56
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Robert L. Dunning

Licensed Embalmer No...4...

P. O. Address Clinton...

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