

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2492

FILED JAN 29 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3064 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pilot Knob		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cunningham Nursing Home				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CLARA Middle FRANCES Last SHAY			4. DATE OF DEATH Month Jan. Day 18 Year 1957				
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 5 1883		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Iron County Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Marion Mayberry				14. MOTHER'S MAIDEN NAME Martha Merritt			
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 Address Luther Mayberry, 7 Bennett Flat River Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Sensitility & Diabetes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 1						INTERVAL BETWEEN ONSET AND DEATH a few min. years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 4201			COUNTY STATE
21. I attended the deceased from 12-28-56 to 1-18-57 and last saw her ^{her} him alive on 1-3-57 Death occurred at 8.00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. A. Huckstep M. D.				22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 1-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-21-57	23c. NAME OF CEMETERY OR CREMATORY Middlebrook Cemetery		23d. LOCATION (City, town, or county) (State) Middlebrook Mo.			
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.			25. DATE RECD. BY LOCAL REG. Jan. 21, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

500-56

89-1)

Armed & White

(Licensed Embalmer's Statement on Reverse Side)

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 *Amos J. White*

Licensed Embalmer No. *3012*

P. O. Address *Droun*

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