

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020147
STATE FILE NUMBER
5253

318

1003

FILED MAY 23 1958 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia 81 nly
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosp., Inc. 0		Length of stay in lb 7 Days	d. STREET ADDRESS (If outside, give location) Heinz Nursing Home 32 230 North Cherry St
3. NAME OF DECEASED (Type or print) First Ivy Middle Corben Last Shirley			4. DATE OF DEATH Month May Day 17 Year 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 13, 1876
9. AGE (In years last birthday) 81		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) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Ashley, Illinois 1
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William J. Shirley	
13b. MOTHER'S MAIDEN NAME Nancy E. Martin		14. NAME OF HUSBAND OR WIFE Mrytle Shirley	
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. None	17. INFORMANT Robert Shirley Address Centralia, Illinois
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral hemorrhage, hemiplegia DUE TO (b) Arteriosclerosis generalized DUE TO (c) 331x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH one week
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 11, 1958 to May 17, 1958 and last saw him alive on May 17, 1958 Death occurred at 1:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. C. Treiman M.D. 0		22b. ADDRESS 1755 S. Grand Ave	22c. DATE SIGNED 5/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/20/58	23c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery	23d. LOCATION (City, town, or county) (State) Ashley, Illinois
24. FUNERAL DIRECTOR Garnier & Son Mortuary		25. DATE RECD. BY LOCAL REG. MAY 19 1958	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed John J. Keady III

Licensed Embalmer No. 5039
P. O. Address 30 Lakewood Dr.
Belleville, Illinois

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.