

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023748  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5990**

HELD JUN 27 1958

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MO** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes  No   
TOWN **ST. LOUIS**

c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes  No

38 FULL NAME OF (If NOT in hospital, give location) Length of stay in lb  
HOSPITAL OR INSTITUTION **D.O.A. CITY HOSPITAL** **30 YRS 22010**

d. STREET ADDRESS (If outside, give location) Reside on Form Yes  No   
**1217 SALISBURY ST**

3. NAME OF DECEASED First Middle Last  
(Type or print) **HUGHIE E. SHRYOCK**

4. DATE OF DEATH Month Day Year  
**JUNE 10 1958**

5. SEX **M. O** 6. COLOR OR RACE **W.** 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH **SEPT. 19, 1892** 9. AGE (In years last birthday) **65** 10. FUNDER YEAR **65** 11. IF UNDER 24 HRS. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED LABORER** 10b. KIND OF BUSINESS OR INDUSTRY **HUSSMANN REFRIGERATION CO** 11. BIRTHPLACE (City and state or country) **CORNWELL MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **DOUGLAS SHRYOCK** 13b. MOTHER'S MAIDEN NAME **CORRINE MATHEWS** 14. NAME OF HUSBAND OR WIFE **GEORGIA SHRYOCK**

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. **492-03-9958** 17. INFORMANT **GEORGIA SHRYOCK** Address **1217 SALISBURY ST.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Arterio Sclerotic Heart Disease**  
**Generalized Arterio Sclerosis**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
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 \_\_\_\_\_

19. WAS AUTOPSY PERFORMED? YES  NO  **2**

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **420-0**

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ 20d. INJURY OCCURRED WHILE AT  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) **James M Kelly Deputy 3** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **6-10-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **JUNE 12, 1958** 23c. NAME OF CEMETERY OR CREMATORY **SNOWDENVILLE CEM.** 23d. LOCATION (City, town, or county) (State) **FREDERICK TOWN MO**

24. FUNERAL DIRECTOR ADDRESS **Ched Meyer & Sons 3934 N. 205T** 25. DATE RECD. BY LOCAL REG. **JUN 10 '58** 26. REGISTRAR'S SIGNATURE **Earl Smith MO**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gustavo W. De Jesus* .....

Licensed Embalmer No. *4379* .....  
P. O. Address *St. Louis, Mo.* .....

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.