Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000725
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Boonville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Haas Nursing Home — Length of stay in Ib: 1 Week.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: Cooper
c. CITY OR TOWN: Boonville 0212 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Haas Nursing Home — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Edward Last: Shirley

4. DATE OF DEATH Month: February Day: 6 Year: 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 25 1871

9. AGE (In years last birthday): 87 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Produce Co.
11. BIRTHPLACE (City and state or country): Cooper County, Missouri, USA.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Searle Shirley
13b. MOTHER'S MAIDEN NAME: Martha Scott.
14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Mrs. Beulah Honerbrink, Address: Boonville, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1-4-59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis & Thrombosis — 1-4-59
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis Heart Disease & failure 332X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1-4-59, to 2-06-59 and last saw her/him alive on 2-6-59
Death occurred at 4 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A. Clark, MD
22b. ADDRESS: 329 Main St, Boonville, Mo
22c. DATE SIGNED: 2/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Feb. 7, 1959 Burial
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
23d. LOCATION (City, town, or county) (State): Boonville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Goodman & Boller. Boonville, Mo.
25. DATE RECD. BY LOCAL REG.: 2/6/59
26. REGISTRAR'S SIGNATURE: D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be causally related.

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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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.