

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013986

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 59

300  
1-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce City Mo.		c. CITY OR TOWN Pierce / City Mo. <sup>0.5-5C</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Main Street		d. STREET ADDRESS (If outside, give location) Main Street	
3. NAME OF DECEASED (Type or print) First Middle Last Walter Sherman Shryock		4. DATE OF DEATH Month Day Year 4 14 1959	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1885
9. AGE (In years last birthday) 73	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lawrence County Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eli Shryock	
13b. MOTHER'S MAIDEN NAME Mary Martin		14. NAME OF HUSBAND OR WIFE Lucy 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.	
17. INFORMANT Mrs. Alma Brvan		Address Pierce City 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) <u>Cerebral Hemorrhage</u>  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 <u>immediate</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		331x	
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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		COUNTY	STATE
21. I attended the deceased from <u>Apr. 6/59</u> to <u>Apr. 14</u> and last saw him alive on <u>Apr. 13/59</u> Death occurred at <u>9:30 p.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles W. Moore M.D. 2</u>		22b. ADDRESS <u>Pierce City Mo.</u>	
22c. DATE SIGNED <u>4-15-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-16-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pierce City Mo.</u>	
24. FUNERAL DIRECTOR <u>Wilks Bros. Pierce City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-16-59</u>	
26. REGISTRAR'S SIGNATURE <u>Ma P. M. Cook</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Chalmers, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

37  
0

DATE REC: 4-23-59

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 Edwin Wilks, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131  
P. O. Address Pine Bluff

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.