

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020679
STATE FILE NUMBER

FILED JUL 1 1959

Registration District No. 59 Primary Registration District No.

Registrar's No. 108

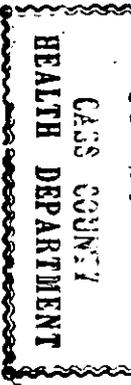
Health,
& Welfare
Public
Service

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Pleasant Hill
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. T. Edge Pleasant Hill		Length of stay in lb. 1200 unknown	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Middle Last William Alfred Shires			4. DATE OF DEATH Month Day Year June 17, 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1894
9. AGE (In years last birthday) 64		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) laborer		10b. KIND OF BUSINESS OR INDUSTRY various	11. BIRTHPLACE (City and state or country) Jackson County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Shires	
13b. MOTHER'S MAIDEN NAME Jennie Reader		14. NAME OF HUSBAND OR WIFE Lyra Mooney Shires, deceased	
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. 496-05-9 645	17. INFORMANT Address Mrs. John T. Rector Kansas 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) <i>Natural Causes - Coroner</i> DUE TO (b) <i>Vascular Disease</i> DUE TO (c) _____ 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) <i>Alcoholism</i>			INTERVAL BETWEEN ONSET AND DEATH 422
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" 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 <i>North of Pleasant Hill Cass Mo.</i>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <i>10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. Stanley Coroner</i>		22b. ADDRESS <i>Pleasant Hill Mo.</i>	22c. DATE SIGNED <i>6/17/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>6/18/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Pleasant Hill, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Brownfield-Stanley Pleasant Hill, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6/18/59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Ray Sebree</i>



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 *Raymond C. Sloubey*

Licensed Embalmer No... *5008*....
P. O. Address *Pleasant Hill,*

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.