

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016204

FILED VS APR 25 1960

127

Primary Registration District No. 4339

Registrar's No. 15

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY MONROE	a. STATE MO		b. COUNTY MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS	Length of stay in lb 13 YRS.	c. CITY OR TOWN PARIS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. MARION ST.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) W MARION ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH	
First NED	Middle C.	Last SHEARER	Month APR.	Day 22
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/1/1893	9. AGE (last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HATCHERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY POULTRY/HATCHERY	11. BIRTHPLACE (City and state or country) MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN SHEARER		13b. MOTHER'S MAIDEN NAME VICTORIA MCGEE		14. NAME OF HUSBAND OR WIFE THELMA S. SHEARER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.		16. SOCIAL SECURITY NO. 486-12-2017	17. INFORMANT MRS THELMA S. SHEARER	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		N.K.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Paralysis Agitans	N.K.
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 **7-1-57** to **4-22-60** and last saw him alive on **4-22-1960**
 Death occurred at **10:10 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. G. Barnett M.D.	(Degree or title)	22b. ADDRESS PARIS, MO.	22c. DATE SIGNED 4-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/24/1960	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	23d. LOCATION (City, town, or county) (State) PARIS, MO.
24. FUNERAL DIRECTOR E. H. AGNEW		25. DATE RECD. BY LOCAL REG. 4-22-60	26. REGISTRAR'S SIGNATURE J. G. Barnett M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 8 1980

APR 27 1

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. Mignone

Licensed Embalmer No. 4000

P. O. Address Paris, Md

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.