URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-018197

STATE FILE NUMBER

FILED VS MAY 31 1960

RENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 155

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) W. Jefferson — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Cassious Middle H. Last Shively

4. DATE OF DEATH Month May Day 24, Year 1960

5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8/14/70
9. AGE (last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carbonated beverage
10b. KIND OF BUSINESS OR INDUSTRY Soft drink
11. BIRTHPLACE (City and state or country) Perry, Iowa
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Henry Shively
13b. MOTHER'S MAIDEN NAME Elizabeth Petty
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. L.L. Vaughn-Kirksville, 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) Congestive circulatory failure — INTERVAL BETWEEN ONSET AND DEATH Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arterio-coronary-nephrosclerosis — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Large hiatal hernia, Left hip fracture, Abdominal aneurysm
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in nursing home.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 3/22/60
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.) Nursing Home.
20f. CITY, TOWN, OR LOCATION COUNTY STATE Kirksville, Missouri - Adair

21. I attended the deceased from 3/22/60, to 5/24/60 and last saw ~~her~~ him alive on May 24, 1960
Death occurred at 8:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Laughlin Jr. Lab.
22b. ADDRESS Kirksville, Missouri
22c. DATE SIGNED 5/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5/26/60
23c. NAME OF CEMETERY OR CREMATORY Violet Hill Cemetery
23d. LOCATION (City, town, or county) (State) Perry, Iowa

24. FUNERAL DIRECTOR ADDRESS Davis & Davis-Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. 5-25-60
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert B. Dames
Signature of Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.