

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-026352  
STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. \_\_\_\_\_ Registrar's No. 99

FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Reynolds</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lesterville Township</b>			Length of stay in lb <b>31 years</b>		c. CITY OR TOWN <b>Lesterville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 mi. S. of Lesterville</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2 mi. South of Lesterville</b>	
3. NAME OF DECEASED (Type or print) First <b>Willie</b> Middle <b>Gladys</b> Last <b>Shy</b>				4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1961</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/26/1905</b>	9. AGE (last birthday) <b>56</b>	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) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Lesterville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George Weeks</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Adams</b>			14. NAME OF HUSBAND OR WIFE <b>Fred Shy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mr. Fred Shy, Lesterville, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia Lobes</b> DUE TO (b) <b>Mal. nutrition</b> DUE TO (c) <b>Emphysema</b> 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							INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>6 mos</b>
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 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	
21. I attended the deceased from <u>1941</u> to <u>6-23-61</u> and last saw her alive on <u>6-23-61</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Elma Tarvid M.D.</i>				22b. ADDRESS <i>Mandan, Mo.</i>		22c. DATE SIGNED <i>6-27-61</i>	
23a. BURIAL CREAMATION OR REMOVAL (Specify) <b>burial</b>		23b. DATE <b>6/25/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Shy Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lesterville, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>White Funeral Home, Ironton, Mo.</b> <i>Elma H. White</i>				25. DATE RECD. BY LOCAL REG. <b>June 29, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Elma Tarvid</b>	

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.

**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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.