

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000641

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 63

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>CAPE GIRARDEAU</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1122 N. Middle</u>		d. STREET ADDRESS (If outside, give location) <u>1513 RAND</u>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>W.</u> Last <u>Shirrell</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>22</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-12-80</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Carpenter</u>		11. BIRTHPLACE (City and state or country) <u>Bloomington, Ind.</u>	
13a. FATHER'S NAME <u>HENRY Shirrell</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>MOLISEY Shirrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Alonzo Shirrell, Paxico, Mo.</u>	

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) <u>Cerebral Thrombosis</u>		<u>1 Day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio-sclerosis generalizes</u>	<u>10 years</u>
	DUE TO (c) <u>Prostatism</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PROSTATISM Benign</u>		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
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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 <u>not</u> 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 <u>CAPE GIRARDEAU</u>	COUNTY <u>CAPE GIRARDEAU</u>	STATE <u>MO.</u>
21. I attended the deceased from <u>1-15-50</u> to <u>1-24-62</u> and last saw him alive on <u>1-24-62</u> Death occurred at <u>2:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Edward O Campbell MD</u>	22b. ADDRESS <u>Cape Girardeau Mo</u>	22c. DATE SIGNED <u>1-24-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BERRONG CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>W H Mergen, Advance, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-27-62</u>	26. REGISTRAR'S SIGNATURE <u>Dean Kasten</u>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 W^m H. Morgan

Licensed Embalmer No. 4640

P. O. Address Adriana, N.C.

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.