

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026059

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 42 STATE FILE NUMBER

FILED AUG 6 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Bone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bone</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | Length of stay in 1b <u>less</u> | c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>25 S. 2nd St</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>25 S. 2nd St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CATHERINE SHIRLEY</u> | | | 4. DATE OF DEATH Month Day Year <u>July 16-1962</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Mar 25/1890</u> | 9. AGE (last birthday) <u>72 yr.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Bone Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Cochran</u> | | 13b. MOTHER'S MAIDEN NAME <u>Fannie McAlister</u> | | 14. NAME OF HUSBAND OR WIFE <u>Albert Shirley</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>-</u> | 17. INFORMANT Address <u>Ida Harvey, Columbia, Mo.</u> | | |

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| 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 <u>1/2 HORA</u> <u>unknown</u> |
| IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCT</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary thrombosis</u> | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerotic heart disease</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 Month, Day, Year p.m. | | | |
| 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 _____ to death and last saw her alive on 23 July 62
Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Elna P. Rodgers M.D.</u> | 22b. ADDRESS <u>210 So. Tenth</u> | 22c. DATE SIGNED <u>27 July 62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 29-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Coburn</u> | 23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Mrs. Stuart Parker, Columbia, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>July 28 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> |
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(Licensed Embalmer's Statement) on Reverse Side

VS 300 Rev. 4/59
 0109
 20109
 3
 4 3
 5 1
 6
 7 0
 8 2
 9 4200
 10
 11
 12 90-0
 13 3-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

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 Holwell T. May, Student Embalmer No. 667
working under my personal supervision.

Student Holwell T. May
Signature of Student Embalmer

Signed George P. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbia, 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.