MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-005625
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 5011 Registrar's No. 21

FILED FEB 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10171
20170
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USE BLACK INK OR TYPEWRITER RIBBON

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

1. PLACE OF DEATH
a. COUNTY: CARROLL
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carrollton
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Carroll County Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: CARROLL
c. CITY OR TOWN: Bogard, Mo.
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): RFD. 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: PRESLEY Middle: EVERETT Last: SHIRLEY
4. DATE OF DEATH: Month: Feb Day: 25 Year: 1963
5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: NOV-6-1891
9. AGE (last birthday): 71
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): FARMER.
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): CARROLL County, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John S. SHIRLEY
13b. MOTHER'S MAIDEN NAME: Hattie Pitts
14. NAME OF ~~HUSBAND~~ OR WIFE: Ruth LILLER SHIRLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 6562
17. INFORMANT: Mrs Everett Shirley Address: Bogard 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): CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO~~ (b): PANCREATITIS + HEPATITIS — 2 Mo
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ANEMIA SECONDARY
PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN. 29, 1963, to FEB. 25, 1963 and last saw ~~her~~ him alive on FEB. 25, 1963
Death occurred at 8 40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John H. Plut (Degree or title) MD
22b. ADDRESS: Carrollton Missouri
22c. DATE SIGNED: 2/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-27-63
23c. NAME OF CEMETERY OR CREMATORY: OAK HILL
23d. LOCATION (City, town, or county) (State): CARROLLTON Mo.

24. FUNERAL DIRECTOR: Wickersham + RICE ADDRESS: Bogard, Mo
25. DATE RECD. BY LOCAL REG.: 2-26-63
26. REGISTRAR'S SIGNATURE: Mary Dean

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1963

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 Samuel M Rice

Licensed Embalmer No. 5087

P. O. Address Bogard, 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.