

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016747

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. 4309 Registrar's No. 28-63

FILED MAY 7 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Mc Donald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mc Donald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southwest City		Length of stay in 1b Life	c. CITY OR TOWN Southwest City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Floyd Anderson O'Shay			4. DATE OF DEATH Month Day Year April 29 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-16-02
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce		10b. KIND OF BUSINESS OR INDUSTRY Locker Plant	11. BIRTHPLACE (City and state or country) Anderson Missouri
12. CITIZEN OF WHAT COUNTRY U SA		13a. FATHER'S NAME Henry O'Shay	
13b. MOTHER'S MAIDEN NAME Anna Mae Foster		14. NAME OF HUSBAND OR WIFE Coral O'Shay	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 1	17. INFORMANT Address Coral O'Shay Southwest City 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) Coronary Occlusion Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 3 MIN. 3 MO.
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 1-22-63 to 4-29-63 and last saw xx him alive on 4-29-63 Death occurred at 7:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.E. Warrack M.D.		22b. ADDRESS Southwest City, Mo.	22c. DATE SIGNED 5-3-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-1-63	23c. NAME OF CEMETERY OR CREMATORY Butler Creek Cemetery	23d. LOCATION (City, town, or county) (State) Sulphur Springs Ark.
24. FUNERAL DIRECTOR Downey Weedard Meoney Funeral Home		25. DATE RECD. BY LOCAL REG. MAY 6, 1963	26. REGISTRAR'S SIGNATURE Mary G. Bradley
Southwest City Missouri. (Licensed Embalmer's Statement on Reverse Side)			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 0600

2 0600

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9 4201

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USE BLACK INK OR TYPEWRITER RIBBON

RECEIVED MAY 20 1963

Permit issued 5-1-63

No. 1003 Date 11-18-62 Sex Male Race White
 Name Henry O'Shay Home X City Southwest City
 Address Coral O'Shay Southwest City Mo.
 Employer Lumber Plant Anderson Missouri U.S.A.
 Occupation Factor Age 29 Birth April 29 1933

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 Wayne A. Anderson

Licensed Embalmer No. 5172

P.O. Address Neel, 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.

Wayne Anderson
Southwest City Missouri