

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043100
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47 Primary Registration District No. 5166 Registrar's No. 350

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

FILED DEC 9 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Callaway</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Twp</u> Length of stay in 1b <u>2 yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Biggers Nursing Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Audrain</u></p> <p>c. CITY OR TOWN <u>Mexico</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>1311 Ringo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER J. SHEA</u></p>	<p>4. DATE OF DEATH Month Day Year <u>December 2, 1963</u></p>
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1/11/76</u></p>
<p>9. AGE (last birthday) <u>87</u></p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Co.</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Wm. Shea</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>(Unknown)</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>(Deceased) Lizzie</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>
<p>17. INFORMANT Address <u>Berniece Shea Mexico, Mo.</u></p>	<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>fulminant</u></p> <p>DUE TO (c) <u>General Senility</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	<p>21. I attended the deceased from <u>1962</u> to <u>Dec 26 63</u> and last saw him alive on <u>Oct - 63</u></p> <p>Death occurred at <u>8:45 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>
<p>22a. SIGNATURE (Degree or title)</p>	<p>22b. ADDRESS</p>
<p>22c. DATE SIGNED <u>12-2-63</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>
<p>23b. DATE <u>Dec. 3, 63</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Lake Side Cemetery</u></p>
<p>23d. LOCATION (City, town, or county) (State) <u>Erie, Pennsylvania</u></p>	<p>24. FUNERAL DIRECTOR ADDRESS <u>Precht Funeral Home Mexico, Mo.</u></p>
<p>25. DATE RECD. BY LOCAL REG. <u>Dec 2-1963</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 18 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 Delbert A. Eaker

Licensed Embalmer No. 5231

P. O. Address Mexico, 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.