

REC'D APR 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10946
Do not use this space.

1. PLACE OF DEATH

(a) County Wassell Registration District No. 384
 (b) Township J. Howell Primary Registration District No. 5635
 (c) City West Plains, Mo. Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Robert Wiley Shuey 000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Shuey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11-1864
 7. AGE YEARS 76 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Miner
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Ill.

FATHER 13. NAME Henry Shuey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Dorothy Lullfield
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beavert, Ks.

17. INFORMANT Mrs. Laura Van Wert
 (ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cresgreen DATE Feb 1st 1938

19. FUNERAL DIRECTOR Robertson Woodard
 (ADDRESS) West Plains, Mo.

20. FILED 3-9 1938 Vida W. Simons
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3; 1937 to Jan. 30th 1938
 I last saw him alive on Dec. 20 1937. Death is said to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance were as follows:

Some stomach condition not able to eat & a long time.

Other contributory causes of importance: old a not / drunk

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) J. St. Bingham, M. D.
Boatman, Mo. (Address) _____

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)