

FILED JUN 13 1944

Primary Registration District No. 6276

Registrar's No.

1. PLACE OF DEATH: **Worth**
(a) County **Sheridan (Bural-Union Mo.)**
(b) City or town **1 1/2 miles south**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months** (Specify whether
In this community **years, months or days**)

3. (a) PRINTED FULL NAME **Miller Melton Shinabargar**
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex **male** 5. Color **white** 6. (a) Single, widowed, married, divorced **single**
4. Sex **male** race **white** divorced **single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **May 1 1867** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **3** If less than one day hr. min.

9. Birthplace **Velpraiso Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **Elmer Shinabargar**

12. Name **Porter Co. Ind.**
13. Birthplace **Susan Friend** (City, town, or county) (State or foreign country)
14. Maiden name **Jasper Co. Ind.**
15. Birthplace **Leroy Shinabargar** (City, town, or county) (State or foreign country)

16. (a) Informant **Sheridan Mo.**

(b) Address **burial**

17. (a) **burial** (b) Date thereof **5-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Miriam cemetery**

18. (a) Signature of funeral director **Pric Funeral Home**

(b) Address **Marionville Mo.**
19. (a) **May 30 - 1944** (b) **Arlene Seaton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Worth**
(a) State **Missouri** (b) County **Worth**
(c) City or town **Sheridan, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 miles south**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

20. DATE OF DEATH **May 4 1944** Month **May** day **4** year **1944** hour **7** minute **P.M.**

21. I hereby certify that I attended the deceased from **4/1** to **4/3** at **5/4** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **12 hr.**
Due to **Coronary sclerosis** many yrs.

Due to **Myocardial degeneration** years
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **93d**
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **!**
23. Signature **Arlene Seaton** (M. D. or other) **Arlene Seaton**
Address **Marionville Mo.** Date signed **5/30/44**

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

working under my personal supervision.

Signed

Clay M. Price

Licensed Embalmer No.

1822

P. O. Address

Marionville 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 this body is not embalmed, fact should be so stated above.