

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12660**
Registrar's No. **12749**

FILED APR 24 1947

Registration District No. **77**

Primary Registration District No. **3008**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **CALLAWAY**

(a) County **CALLAWAY**

(b) City or town **RURAL STEPHENS**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Callaway Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Bessie MAY SHRYOCK**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY 3 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **VERSAILLES KENTUCKY**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business _____

12. Name **JOE SHRYOCK**

13. Birthplace **DR. KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **PELLA GALLOWAY**

15. Birthplace **DR. KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **G.H. SHRYOCK**

(b) Address **STEPHENS, MO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **APR. 18, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **PRAIRIE CHAPEL**

18. (a) Signature of funeral director **Wm. Y. Maurin**

(b) Address **712 County Fulton, Mo**

19. (a) **Apr. 18-1947** (b) **JOSE MORSE**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **14**

(a) State **MISSOURI** (b) County **CALLAWAY**

(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")

(d) Street No. **STEPHENS**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APR.** day **17**
year **1947** hour **2** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **April 16, 1947, to April 17, 1947**
that I last saw her alive on **April 16, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Extensive 2° burns of entire body, neck, & extremities (accident)** Duration **+ 10 hr.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

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) **accident 14**

(b) Date of occurrence **4/16/47**

(c) Where did injury occur? **Callaway, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm (Specify type of place) **Burns - from**

While at work? **yes** (e) Means of injury **applied to face**

23. Signature **Wm. Y. Maurin** (M. D. or other) **M.D.**
Address **Fulton, Mo.** Date signed **4/18/47**

RECEIVED

District Health Officer No. 9,

District File Number

4-23-47

Date Filed

JUN 4 1947

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Glen G. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.