S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37036

State File No. .....

FILED DEC 6 1951

BIRTH NO. ..... REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY Grundy 0402 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (in this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 830 West 15th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy 0402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton 0
d. STREET ADDRESS (If rural, give location) 830 West 15th St

3. NAME OF DECEASED (Type or Print)
a. (First) Jesse
b. (Middle) Benton
c. (Last) Shirley

4. DATE OF DEATH (Month) (Day) (Year) 11-24-51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 14, 1883

9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 1 Days 10 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber

10b. KIND OF BUSINESS OR INDUSTRY Barber Shop

11. BIRTHPLACE (State or foreign country) Harrison County

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Shirley

13b. MOTHER'S MAIDEN NAME Mary Shaw

14. NAME OF HUSBAND OR WIFE Pearl Shirley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-30-1516

17. INFORMANT'S SIGNATURE OR NAME Betty Shirley ADDRESS Trenton, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis — Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 24, 1951, *to* Nov. 1, 1951, *that* ~~I last saw the~~ *deceased* was dead when I arrived ~~alive on~~ *and that death occurred at* 1:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE C H Cullers MD (Degree or title)

23b. ADDRESS Trenton, Mo.

23c. DATE SIGNED 11-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-26-51

24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery

24d. LOCATION (City, town, or county) (State) Grundy County Mo

DATE REC'D BY LOCAL REG. 11-26-1951

REGISTRAR'S SIGNATURE Irene Fair 115 0

25. FUNERAL DIRECTOR'S SIGNATURE Davis-Blackmore, ADDRESS Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 4 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.