

S. No. 300
V. 10.48

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 454

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 45									
1. PLACE OF DEATH a. COUNTY Calloway				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Calloway											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 2 wks		c. CITY (If outside corporate limits, write RURAL and give township) Fulton		0143									
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 Bluff St.				d. STREET ADDRESS (If rural, give location) 718 Bluff St.											
3. NAME OF DECEASED (Type or Print) William Thomas Shryock			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1952			
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb. 4/1861		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) AURORIN CO, Mo			12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME Fred Shryock				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE DK							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown				16. SOCIAL SECURITY NO. no				17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Pearl Salmon				ADDRESS Fulton Mo R#4			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Very small probably a stroke</i>													
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>following several weeks of gradual weakening.</i>													
		DUE TO (c) <i>no physician attending</i>													
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) Fulton Calloway Mo									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.															
23a. SIGNATURE <i>M. Lawrence</i> 3 (Degree or title)						23b. ADDRESS Fulton, Mo			23c. DATE SIGNED 2/5/52						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 5 1952		24c. NAME OF CEMETERY OR CREMATORY Calloway Mem. garden		24d. LOCATION (City, town, or county) (State) Fulton Missouri									
DATE REC'D BY LOCAL REG. Feb. 7-1952		REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i> 4260				FUNERAL DIRECTOR'S SIGNATURE <i>John G. Maupin</i> Fulton Mo				ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

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Coroner

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
Student Embalmer

Signed John Rosson
Licensed Embalmer No. 2555

P. O. Address Chilton Ind

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.