

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26971

State File No. 6257

FILED AUG 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6257</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Wayne 1110</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Patterson 1</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Wayne 1110</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Patterson</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>JAMES</u>	b. (Middle) <u>H.</u>	c. (Last) <u>SHEARRER</u>	Month <u>7</u>	Day <u>14</u>	Year <u>52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9 1898</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Patterson, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joel Shearrer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Belle</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Irudwell Shearrer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Shearrer</u> ADDRESS <u>Patterson, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Infarction</u>						<u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33'2X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May</u> , 1952, to <u>July 14</u> , 1952, that I last saw the deceased alive on <u>July 12</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Adam F. Wagner, M.D. 0</u>				23b. ADDRESS <u>Greenville, Mo.</u>		23c. DATE SIGNED <u>7-31-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Patterson</u>		24d. LOCATION (City, town, or county) (State) <u>Patterson, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Hard #60</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon W. Lick</u> ADDRESS <u>Piedmont Mo.</u>			

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

RECEIVED

AUG 8 1952

WAYNE CO. HEALTH CENTER

FILE No. 852-51

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Marvin E. Bowler*

Licensed Embalmer No. 4426

P. O. Address *Redinout, 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.