No. 300
10-48

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

FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38503

State File No.

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton
c. LENGTH OF STAY (in this place): 10 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Kaolin Township 0470
d. STREET ADDRESS (If rural, give location): 20 miles west of Belleview

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): SHY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 30 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 18 — IF UNDER 24 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: live stock
11. BIRTHPLACE (State or foreign country): Black Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Tom Shy
13b. MOTHER'S MAIDEN NAME: Margaret Carty
14. NAME OF HUSBAND OR WIFE: Stella Shy
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.: no
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Ralph Shy, Black Missouri

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) Primary atypical pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 493X
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. 8, 1952, *to* Nov. 18, 1952, *that I last saw the deceased alive on* Nov. 17, 1952, *and that death occurred at* 5.30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben M. Dull, M.D.
23b. ADDRESS: Ironton, Mo.
23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-19-52
24c. NAME OF CEMETERY OR CREMATORY: Shy Cemetery
24d. LOCATION (City, town, or county) (State): Black Missouri

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: Mrs Cora Jones 128 G
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3012

P. O. Address [illegible]

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.