

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9044

State File No.

Registrar's No. 130

FILED APR 6 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 W. 2nd St.</u>		e. STREET ADDRESS (If rural, give location) <u>209 W. 2nd Street</u> <u>0143</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosilee</u> b. (Middle) _____ c. (Last) <u>Shryock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 19, 1902</u>	9. AGE (In years, 1/2 birthday) <u>50</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>George W. Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Shryock</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-30-9249</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tylene Shryock</u> ADDRESS <u>Columbia, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recurrent Cerebral Hemorrhage</u>			<u>4 days</u>	
		ANTECEDENT CAUSES				
		DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Paralysis</u>			<u>10 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1 2/3 yrs</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Aug 27, 1951, to Mar 29, 1953, that I last saw the deceased alive on Mar 29, 1953, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lloyd E. Hutchins</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>4/2/1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/31/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>April 3-1953</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> <u>426-D</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mary Ann Funeral Home</u> ADDRESS <u>Fulton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *Nancy A. Slawson*.....

Licensed Embalmer No. *3222*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.