

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22374

State File No. _____

FILED JUL 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 106

0780

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

1. PLACE OF DEATH a. COUNTY <u>Amissect</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Swift + Godairtop</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery, Ill.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 2 Box Portageville</u>		d. STREET ADDRESS <u>8120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katy</u>	b. (Middle) <u>NMN</u>	c. (Last) <u>Shinault</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 53</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1878</u>	9. AGE (In years, months, days) (If under 1 year: Months, Days) (If under 24 hours: Hours, Min.) <u>83</u> <u>months</u> <u>days</u>
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10a. USUAL OCCUPATION (How kind of work done during most of working life, even if retired) <u>Retired laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Birmingham Ala</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Allen Lally</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Shinault</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Morgan</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>undeter</u>
	ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u>		
	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 <u>5810</u>	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) <u>Carruthersville, Pem, MO</u>
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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 10 Jan, 1953, to 14 June, 1953, that I last saw the deceased alive on 17 June, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Walker</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Carruthersville, MO</u>	23c. DATE SIGNED <u>15 June 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>17 June 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carruthersville Cemetery, Carruthersville, MO</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>6-24-53</u>	REGISTRAR'S SIGNATURE <u>John W. Sherman</u>	405-	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Wood</u>	ADDRESS <u>Carruthersville, MO</u>
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6-215-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 29 1953

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 P. B. Doo

Licensed Embalmer No. 4833

P. O. Address Caruthersville 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.