

FILED SEP 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. **31281**

BIRTH NO. 124		REG. DIST. NO. 68	PRIMARY REG. DIST. NO. 5267	Registrar's No. 37
1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Christian		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Galloway		c. LENGTH OF STAY (in this place) 54 Yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Christian, Spokane Mo		
3. NAME OF DECEASED (Type or Print) a. (First) Ernest		b. (Middle) M.		c. (Last) Shirkey
4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1953		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 17, 1899
9. AGE (in years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME E. R. Shirkey		13b. MOTHER'S MAIDEN NAME Fanie Eisenhower		14. NAME OF HUSBAND OR WIFE Mrs. Stella Shirkey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Shirkey, Spokane, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Brain Tumor 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.		INTERVAL BETWEEN ONSET AND DEATH 6 mo
19a. DATE OF OPERATION 19 Aug 1953		19b. MAJOR FINDINGS OF OPERATION Malignant Brain Tumor		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) Galena 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 April , 1953, to Aug 13 , 1953, that I last saw the deceased alive on July , 1953, and that death occurred at 6 a m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Myron M. Oehl. D.		23b. ADDRESS Galena Mo		23c. DATE SIGNED 18 Aug 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Eisenhower Cemetery	24d. LOCATION (City, town, or county) (State) Christian, Missouri
DATE REC'D BY LOCAL REG. Sept 5, 1953		REGISTRAR'S SIGNATURE Stella Leonard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. B. Chaffin Ozark Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.