FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35422

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bunceton
c. LENGTH OF STAY (In this place): 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bunceton 0270 0
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) L. c. (Last) Shirley
4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1953
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 27 1878
9. AGE (In years last birthday): 75 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sec'y, Treas
10b. KIND OF BUSINESS OR INDUSTRY: Farm & Home Assn.
11. BIRTHPLACE (City and State or Foreign Country): Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William Shirley
13b. MOTHER'S MAIDEN NAME: Melvina Eller.
14. NAME OF HUSBAND OR WIFE: Myrtle Allee Shirley.
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.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss Sue Shirley, Bunceton, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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.

19a. DATE OF OPERATION: 2-5-52
19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma of cervical lymph node 177X
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* January 22, 1952, *to* 11-5-53, 19__, *that I last saw the deceased alive on* 9-21-53, 19__, *and that death occurred at* 3:30A m. on 11-6-53 *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Boonville, Missouri
23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8" 1953
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
24d. LOCATION (City, town, or county) (State): Boonville, Missouri.

DATE REC'D BY LOCAL REG.: Nov 8-1953
REGISTRAR'S SIGNATURE: Nellie Mullett 73
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1954

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.