

FILED APR 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12960 Registrar's No. 47

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FRANKFORD</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>FRANKFORD</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>0820</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>RUTH</b> b. (Middle) <b>ANNA</b> c. (Last) <b>SHY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 16 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>MARCH 8-1864</b>			9. AGE (in years last birthday) <b>90</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>PIKE Co, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>THOMAS D SHY</b>		13b. MOTHER'S MAIDEN NAME <b>MINERVA BUSBY</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ray Chesed Frankford Mo.</b>					

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anterior Salivary glandage</b>				INTERVAL BETWEEN ONSET AND DEATH	
		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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Apr 1945** to **Apr 1954** that I last saw the deceased alive on **Apr 16, 1954** and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. P. Hansen</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Frankford, Mo.</b>		23c. DATE SIGNED <b>4/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 18, 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jarvis Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Frankford Mo.</b>	

DATE REC'D BY LOCAL REG. <b>April 23, 1954</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		370-70		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jules W. Son Frankford Mo.</b>	
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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 *Jose Luis Megaw*

Licensed Embalmer No. *4093*

P. O. Address *Frankford Pa*

**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.