No. 300
10-48

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1734

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 4

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Farmington
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 09 X 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Robert
c. (Last): Shy

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 1955

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Dec 18 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: farm laborer
11. BIRTHPLACE (City and State or Foreign Country): New Madrid 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse Shy
13b. MOTHER'S MAIDEN NAME: Maggie Kenworthy
14. NAME OF HUSBAND OR WIFE: Mary Lumbat Shy

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.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: W. R. Shy Jr Farmington 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ACUTE CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): CORONARY THROMBOSIS - OLD + NEW — SEV. YRS.
DUE TO (c): ARTERIOSCLEROSIS — SEV. YRS.

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: / 4201
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* 10-18-, 19 54, *to* JAN 29, 19 55, *that I last saw the deceased alive on* JAN 25, 19 55, *and that death occurred at* 4457 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin L. Eulee 2 DO
23b. ADDRESS: Farmington, Mo. 17 So Jackson
23c. DATE SIGNED: 2-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb 1 1955
24c. NAME OF CEMETERY OR CREMATORY: Parkview
24d. LOCATION (City, town, or county) (State): Farmington Mo

DATE REC'D BY LOCAL REG.: 2-1-1955
REGISTRAR'S SIGNATURE: Florence Hicks 187-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C.H. Cozean Farmington m

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
FEB 7 - 1955
FILE No. 255-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ....

Licensed Embalmer No. 408

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.