

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25118

State File No.

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PATTERSON</u>		c. CITY OR TOWN <u>PATTERSON</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		STREET ADDRESS (If rural, give location) <u>1100</u>	

3. NAME OF DECEASED a. (First) <u>Joel</u> b. (Middle) <u>HENRY</u> c. (Last) <u>SHEARRER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1, 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-10-1867</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>PATTERSON, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>JOHN N. SHEARRER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HICKMAN</u>		14. NAME OF HUSBAND OR WIFE <u>CORA BENNETT SHEARRER</u>	
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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS JOEL SHEARRER</u>	
				ADDRESS <u>PATTERSON Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Voluntarily throat lesion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>NO</u>	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		<u>4214</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		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7-18-55, 1955, to 8-1-, 1955, that I last saw the deceased alive on 7-31-, 1955, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>Piedmont Mo.</u>		23c. DATE SIGNED <u>8-2-55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODS</u>		24d. LOCATION (City, town, or county) (State) <u>PATTERSON Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 2, 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coder</u>		ADDRESS <u>PIEDMONT Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 Coder Funeral Home....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 37

P. O. Address Piedmont

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.