

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10177BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Humansville</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 <u>Geo. Dimmitt Mem. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0840</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Whitfield</u> c. (Last) <u>Shirey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 25 56</u>
5. SEX <u>M</u> 6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>April 10, 1887</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Elkhart, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Daniel</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Agnes Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Claudia Mae</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. W. Shirey, Humansville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u> </u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>		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) 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 19⁵⁶ March, 19⁵⁶, that I last saw the deceased alive on 3-25, 19⁵⁶, and that death occurred at 8:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Robinson M.D.</u> (Degree or title)	23b. ADDRESS <u>Humansville, Mo.</u>	23c. DATE SIGNED <u>3/26/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plum Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Polk County, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>April 3, 1956</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Bond</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home, Humansville, Mo</u>
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(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.....
Signature of Student Embalmer

Signed *O. H. Beckwith*.....

Licensed Embalmer No. *39*.....

P. O. Address *Hammond*.....

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