

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25830

State File No. _____

FILED JUL 24 1956

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 5

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) OR TOWN <u>Patterson</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Patterson</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>Logan Township 1110</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>MARION</u>	b. (Middle) <u>Douglas</u>	c. (Last) <u>Shearrer</u>	<u>7-13-56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar. 6, 1934</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cuba School</u>	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>Taylor Woodrow Shearrer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Montgomerly</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Taylor Woodrow 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of right and left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lung</u> DUE TO (c) <u>410 Gun shot wound</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>9190</u>

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Logan Township</u> (COUNTY) <u>Wayne</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 13 1956 11:10</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at 11:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin E. Bowles - Coroner</u>	23b. ADDRESS <u>321 N. Main</u>	23c. DATE SIGNED <u>July 14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Patterson</u>
24d. LOCATION (City, town, or county) <u>Patterson, Mo.</u>		(State) _____

DATE REC'D BY LOCAL REG. <u>July 16, 1956</u>	REGISTRAR'S SIGNATURE <u>Hazel Ward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bish Funeral Home</u> ADDRESS <u>Greenville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

+60

RECEIVED
JUL 23 1958
WAYNE CO. HEALTH CENTER
FILE NO. _____

8961 8 8 1958

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 me Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Maurice Bowler

Licensed Embalmer No. 442

P. O. Address Redwood

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.