

No. 300  
10-48

FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33056**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>20 Min.</u>	c. CITY OR TOWN <u>Purdy</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>St. Vincent Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>005<sup>th</sup></u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>Lamuel</u> c. (Last) <u>Shirley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1956</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>Oct. 5 1881</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u> IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milling Company</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Lamuel H. Shirley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Blevins</u>		14. NAME OF HUSBAND OR WIFE <u>Lilley Shirley</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>510-07-8057</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lilley Shirley, Purdy, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Compound comminuted fracture of both legs, comminuted fracture of both forearms, Pt. headache, Con. dist. expansion of left forearm, left ribs of fore. broken</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8124</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Slip on stairs</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Purdy</u> (COUNTY) <u>Barry</u> (STATE) <u>Mo</u>		
21d. TIME OF INJURY <u>10-26 5:55<sup>PM</sup></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Retrieval of truckly car</u>		
22. I hereby certify that I attended the deceased from _____, 19____ to <u>10-26</u> , 19 <u>56</u> that I last saw the deceased alive on <u>10-26</u> , 19 <u>56</u> , and that death occurred at <u>6:52<sup>PM</sup></u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Digoos or title) <u>Robert P. Dooly MD</u>			23b. ADDRESS <u>Monett Mo</u>		23. DATE SIGNED <u>Oct 27 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-27-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. P.T. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home, Monett, Mo.</u>	

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

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1056-179

DATE REC. 10-29-56

SEP 24 1962

SEP 9 1956

**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

*Roy A. Mercer*

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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.