

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2161**BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5866** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give town) Myrtle, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Myrtle, Mo.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Gen. Del.	
d. FULL NAME OF HOSPITAL OR INSTITUTION inside city limits Myrtle, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Harley b. (Middle) Shirrell c. (Last) Shirrell		4. DATE OF DEATH (Month) (Day) (Year) 1-17-1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-20-1898
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY General Store			
13a. FATHER'S NAME William H. Shirrell		13b. MOTHER'S MAIDEN NAME Cordellia Johnson	
14. NAME OF HUSBAND OR WIFE Mrs. Augusta Shirrell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 451-28-6088	
17. INFORMANT'S SIGNATURE OR NAME Wife-Mrs. Augusta Shirrell		ADDRESS Myrtle, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto-Accident, Traumatic Psychoneurosis-Shock.		INTERVAL BETWEEN ONSET AND DEATH 14 days.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES DUE TO (b) Cardiac and Respiratory, paralysis.			
DUE TO (c) Senile Body Changes.			
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 8160	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Auto. Highway		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Couch	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Oregon Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 3rd, 1957 5:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Patient's Vehicle* Semi-Truck, hit the rear of Pickup*			
22. I hereby certify that I attended the deceased from 1-3- 19 57 , to 1-17- 19 57 , that I last saw the deceased alive on 1-17- 19 57 , and that death occurred at 11:25P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. W. M. Carhart D.O.		23b. ADDRESS Alton, Missouri.	
23c. DATE SIGNED 1-29-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-20-1957	
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Ripley County, Missouri	
DATE REC'D BY LOCAL REG. 2-6-57		REGISTRAR'S SIGNATURE Arthur Wolff	
25. FUNERAL DIRECTOR'S SIGNATURE H. S. McHale		ADDRESS Pocahontas, Ark	

(Licensed Embroider's Statement on Reverse Side)

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

APR 2 1957
FEB 13 1957

FEB 18 1957

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.....
Student Embalmer

Signed *H. G. McHobb*

Licensed Embalmer No. *610*

P. O. Address *Pocahontas, Ark.*

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 this body is not embalmed, fact should be so stated above.