

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

168683

FILED JUN 11 1957

STATE FILE NUMBER

Registration District No. 139

Primary Registration District No. 5536

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY HOLT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOLT ✓		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWIS TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN OREGON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 4 Yrs.	d. STREET ADDRESS 1 Mi. N. W.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ALONZO SHUNK			4. DATE OF DEATH 6-1-57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 14th 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Holt Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 500-07-6540	17. INFORMANT Welfare Office Mound City, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Coronary Thrombosis					1 hr
DUE TO (c) Arteriosclerosis Advanced					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE
21. I attended the deceased from July 1, 1951 to June 1, 1957 and last saw him alive on June 1, 1957 Death occurred at 5 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Isaac J. Swamy M.D.			22b. ADDRESS Oregon, Mo.		22c. DATE SIGNED 6-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-2-57	23c. NAME OF CEMETERY OR CREMATORY Oregon		23d. LOCATION (City, town, or county) (State) Oregon, Mo.	
24. FUNERAL DIRECTOR James H. Pettigrew		ADDRESS Oregon, Mo.	25. DATE REC'D. BY LOCAL REG. 6/4/1957	26. REGISTRAR'S SIGNATURE James H. Crawford	

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.....
James H. Pettigrove

Licensed Embalmer No...3192

P. O. Address....Oregon..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.