

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-018012
STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 21

health, Welfare Public Service
 300
 1-56
 All diseases in Part II must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part II must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|---|-------------------------------|---|--|---|---|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>New Madrid</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>New Madrid</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Length of stay in lb <u>2 Years</u> | | c. CITY OR TOWN <u>New Madrid</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS <u>1101 Scott St.</u> | | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | Month Day Year | |
| <u>Samuel Robert Shy</u> | | | <u>April 14, 1957</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 10, 1869</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>New Madrid Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13. FATHER'S NAME <u>Joseph Shy</u> | | | 14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Snider</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Arthur Shy, New Madrid, Missouri</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio sclerosis, generalized</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | | | | | | 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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE |
| 21. I attended the deceased from <u>June 1946</u> to <u>April 1957</u> and last saw <u>him</u> alive on <u>13 April 57</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Louis J. Smith MD</u> | | | 22b. ADDRESS <u>New Madrid Mo</u> | | | 22c. DATE SIGNED <u>4 May 57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>15 April 57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>New Madrid, Missouri</u> (State) | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Richards Funeral Service, New Madrid, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>7 May 57</u> | | 26. REGISTRAR'S SIGNATURE <u>Fay Hedgcock</u> | | |

DATE RECEIVED MAY 13 1957
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Tommy L. Roberts
Licensed Embalmer No. 48
P. O. Address New Madrid

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.