

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43570
 STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1382

V. S. 300
 Rev. 1-57

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leona
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview at Sunnyslope		Length of stay in lb 1 week	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle W. Last Shirley			4. DATE OF DEATH Month Dec. Day 12, Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1860
9. AGE (In years last birthday) 97		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	11. BIRTHPLACE (City and state or country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME unknown	14. NAME OF HUSBAND OR WIFE Tammy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Faye Shirley, Santa Ana, Calif.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriooclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			
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 WORK <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 COUNTY STATE
21. I attended the deceased from Dec 12, 1957 to Dec 12, 57 and last saw ^{her} him alive on Dec 12, 57 Death occurred at 1:20 p. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert Fulton</i> (Deputy Registrar)		22b. ADDRESS 218 North Seventh, St. Joseph	22c. DATE SIGNED 12/23/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12/12/1957	23c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	23d. LOCATION (City, town, or county) (State) Leona Kansas
24. FUNERAL DIRECTOR Heaton-Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 17, 1957
26. REGISTRAR'S SIGNATURE <i>Mrs. Robert Fulton</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

548
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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 P. Hawkins*
Licensed Embalmer No. *4536*
P. O. Address *319 So 10th St*

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.