FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004691
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 826 A. Jefferson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Edward Middle: E. Last: Shay

4. DATE OF DEATH Month Day Year: Feb. 8, 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒

8. DATE OF BIRTH Nov. 9, 1908

9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY — OK

11. BIRTHPLACE (City and state or country) Mexico Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward E. Shay

14. MOTHER'S MAIDEN NAME Effie Enperson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW 2

16. SOCIAL SECURITY NO. uhknown

17. INFORMANT Mrs. Effie Shay — Address: Fulton, Mo.

MEDICAL CERTIFICATION

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: 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
TONGUE CANCER 331XH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 7, 58, to Feb 8, 58 and last saw her/him alive on Feb 8, 58
Death occurred at 7:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James E. Hill, MD
22b. ADDRESS Fulton, Mo
22c. DATE SIGNED 2-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/10/58
23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) Mexico (State) Mo.

24. FUNERAL DIRECTOR Maupin & Hunn — **ADDRESS** Fulton Mo
25. DATE RECD. BY LOCAL REG. Feb. 15 - 1958
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.