

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37043-58

58-017252
Start The No.

FILED JUN 4 1958

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA</u> 0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Michael</u> c. (Last) <u>Shue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-20-58</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>5-20-58</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 12 HRS. Hours <u>4</u> Min. <u>25</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Joe J. Shue</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Lee Tate</u>		14. NAME OF HUSBAND OR WIFE <u>Joe J. Shue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mad. Roy Shue</u> ADDRESS <u>VERONA, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs - 25 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)			
		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		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>776X</u> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-20, 1958, to 5-20, 1958, that I last saw the deceased alive on 5-20-1958, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Edwards</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>5-22-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring River</u>	
24d. LOCATION (City, town, or county) (State) <u>VERONA, MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>5-26-58</u>		REGISTRAR'S SIGNATURE <u>Miss C. N. Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Marsh</u>		ADDRESS <u>Verona, Mo</u>			

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

513 0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 658-123

DATE REC. 6-2-58

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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Quincy, 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 this body is not embalmed, fact should be so stated above.