

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018887

STATE FILE NUMBER

FILED JUN 12 1958

Registration District No. 171

Primary Registration District No. 5639

Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Washington Twms. TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0540 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 Mi. SE of Odessa		Length of stay in 1b Life	d. STREET ADDRESS 10 Mi. SE of Odessa Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alfred Middle Willard Last Shier			4. DATE OF DEATH Month May Day 28 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1897
9. AGE (In years Month Days) 61		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.
13a. FATHER'S NAME Henry C. Shier		13b. MOTHER'S MAIDEN NAME Susan Amor	14. NAME OF HUSBAND OR WIFE Elberta Shier
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-26-5944	17. INFORMANT Address Mrs. Elberta Shier, Mayview, 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) Fr. skull @ Crushing injury to it from logs, @ Fr left clavicle @ Fr mandible Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Operating a farm tractor in a field. Tractor DUE TO (c) reversing in a creek pinning deceased beneath tractor			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal-disease condition given in PART I (a) Died immediately			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Tractor accident, Pinned beneath tractor Fell over a creek bank	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) On the farm		20f. CITY, TOWN, OR LOCATION Mayview Lafayette Mo	
21. I attended the deceased from his death to his death and last saw her alive on about May 15-58 Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. Martin W. Corroy 3	
22b. ADDRESS Odessa Mo		22c. DATE SIGNED 5-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 31, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery
23d. LOCATION (City, town, or county) Near Odessa, Mo.		(State)	
24. FUNERAL DIRECTOR Husman-Sparks		ADDRESS Odessa, Mo.	25. DATE RECD BY LOCAL REG. 5-31-1958
26. REGISTRAR'S SIGNATURE Emma Davidson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 William T. Spaw
Licensed Embalmer No. _____
P. O. Address _____

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.

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