

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039012

STATE FILE NUMBER 1301

FILED DEC 15 1958

Registration District No. 042

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Plattsburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. Methodist Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>2 Wfs. 025 R. 7, D.</u>	
3. NAME OF DECEASED (Type or print) First <u>Willie</u> Middle <u>MAY</u> Last <u>SHIRT</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 24 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>		11. BIRTHPLACE (City and state or country) <u>Plattsburg Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Crow</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Stipe</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Shirt</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-22-4407</u>	17. INFORMANT Address <u>Miss Alta Mae Shirt Plattsburg MO.</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>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> <u>15 yrs</u>
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.) <u>4201</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
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.)	
21. I attended the deceased from <u>11/15/58</u> to <u>12/2/58</u> and last saw her alive on <u>12/2/58</u> Death occurred at <u>2:40</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>420 N 8th St Plattsburg MO</u>	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22c. DATE SIGNED <u>12/4/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-4 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>Plattsburg Missouri</u>	
24. FUNERAL DIRECTOR <u>Lyon Funeral Home Inc. Plattsburg MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 4, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

Dr. John R. Forgrave

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 *David D. Lyon* .....

Licensed Embalmer No. *3640* .....

P. O. Address *Flettsburg, MD.*

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.