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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002122
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LEVERING HOSPITAL — Length of stay in 1b: 20 Min

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MONROE
c. CITY OR TOWN: MONROE CITY — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 314 CHARLES ST — Reside on Farm: Yes [ ] No [X]

c670

3. NAME OF DECEASED (Type or print): First: JOHN Middle: ADAM Last: SHEARMAN

4. DATE OF DEATH Month: JAN Day: 10 Year: 1959

5. SEX: MALE **6. COLOR OR RACE:** WHITE **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] / **DIVORCED** [ ]

8. DATE OF BIRTH: FEBY 19, 1891

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months: 10 Days: 22 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: GROCERYS
11. BIRTHPLACE (City and state or country): MARION COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: WILLIAM E. SHEARMAN
13b. MOTHER'S MAIDEN NAME: JULIA HELTON
14. NAME OF HUSBAND OR WIFE: ANNIE E. SHEARMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-22-6954
17. INFORMANT: Annie E. Shearman Address: Monroe City 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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: unknown
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): 4301

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 11.05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wyth Hamlin M.D. (Degree or title)
22b. ADDRESS: Hannibal Mo.
22c. DATE SIGNED: 1/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-13-59
23c. NAME OF CEMETERY OR CREMATORY: ST JUDES CEMETERY
23d. LOCATION (City, town, or county) (State): MONROE CITY, MISSOURI

24. FUNERAL DIRECTOR: Wilson & Son's **ADDRESS:** Monroe City Mo
25. DATE RECD. BY LOCAL REG.: 1-13-59
26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher

(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

RECEIVED JAN 26 1959
MARION CO. HEALTH DEPT.
DATE FILED [illegible]

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 me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City

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.