Health, & Welfare Public Service

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FILED JAN 29 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002484
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Putnam	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Unionville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Rural Union Tmp. — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Monroe Hospital — Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) Unionville, Mo. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First William Middle H. Last Shuey		4. DATE OF DEATH Month Jan. Day 21, Year 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH July 5, 1906
9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 5 Days 16	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Abstract & Insurance	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Putnam Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Elias Shuey	13b. MOTHER'S MAIDEN NAME Katty Barkley	14. NAME OF HUSBAND OR WIFE Waunita Shuey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 493-18-3770	17. INFORMANT Waunita Shuey — Address Unionville, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Shock from Cerebral hemorrhage 6 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis

DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coughing from bronchial asthma

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Jan 21-59, to Jan 21-59 and last saw him alive on Jan 21-59
Death occurred at 6 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas L Judd DC	22b. ADDRESS Unionville Mo	22c. DATE SIGNED 1-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE Jan. 23, 59	23c. NAME OF CEMETERY OR CREMATORY Unionville Cem.
23d. LOCATION (City, town, or county) (State) Unionville, Mo.		
24. FUNERAL DIRECTOR F.O. Husted & Son — ADDRESS Unionvillle, Mo.	25. DATE RECD. BY LOCAL REG. 1-24-59	26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

69-10-5

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 Muel E. Husted

Licensed Embalmer No. 3304

P. O. Address Monville

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.