

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016651
STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 101

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Thompson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 2 days	d. STREET ADDRESS R. F. D. 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Leland Last Shire			4. DATE OF DEATH Month May Day 16 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Man		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 68
11. BIRTHPLACE (City and state or country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mike Shire		13b. MOTHER'S MAIDEN NAME Henrietta Robinson	
14. NAME OF HUSBAND OR WIFE Irma Violet Miller Shire Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW-1	
16. SOCIAL SECURITY NO. 702-05-6965		17. INFORMANT Address 311 S. Missouri Mrs. William Hancox Mexico, 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) Coronary Thrombosis - with cardiac failure Acute			INTERVAL BETWEEN ONSET AND DEATH 5-14-59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Myocardial Infarction			6-15-58
DUE TO (c) Myocardial Infarction			6-15-58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardio-Vascular Disease 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) X	
20c. TIME OF INJURY Hour 8 p.m. Month, Day, Year			
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.) X	
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 6-15-59 to 5-16-59 and last saw him alive on 5-15-59 Death occurred at 8:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harry F. O'Brien M.D.		22b. ADDRESS Memphis, Missouri	
22c. DATE SIGNED 5-16-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-19-59	
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Mexico, Missouri	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. May 18-1959	
26. REGISTRAR'S SIGNATURE Blanche Neely			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION MUST BE CORRECTLY REPORTED
HARRY F. O'BRIEN M.D.

WBS
MAY 20 1959

MAY 28 1959

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 *Geo. G. Whiteaker*

Licensed Embalmer No. *4780*

P. O. Address *Mexico, M.*

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.