

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002907

FILED VS JAN 20 1960

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Length of stay in lb <u>1da</u>		c. CITY OR TOWN <u>Rural-Wilson Tmp. Unionville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Unionville</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>E.</u> Last <u>Shuey</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>10.</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-14-22</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Picture Studio</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Elias Shuey</u>			13b. MOTHER'S MAIDEN NAME <u>Katty Barkley</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Esther Shuey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 2nd W.W.</u>			16. SOCIAL SECURITY NO. <u>486-32-4982</u>		17. INFORMANT <u>Mary Esther Shuey-Unionville</u> Address _____		
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>Cerebral thrombosis</u> DUE TO (b) <u>arteriosclerosis & hypertension</u> DUE TO (c) <u>hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>mitral stenosis since childhood</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Jan 9-60</u> to <u>Jan 10-60</u> and last saw him alive on <u>Jan 10-60</u> Death occurred at <u>3:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Unionville Mo</u>		22c. DATE SIGNED <u>1-11-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>Jan. 12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cem. Bethel View Cem.</u>		23d. LOCATION (City, town, or county) <u>Unionville, Mo.</u> (State)		
24. FUNERAL DIRECTOR <u>F.O. Husted & Son - Unionville Mo</u> ADDRESS <u>1-12-60</u>				25. DATE RECD. BY LOCAL REG. _____		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS FEB 1 1960

JUN 2 0 1961

JAN 2 1960

STATEMENT BY LICENSED EMBALMER

JAN

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Muel E. Husk

Licensed Embalmer No. 330

P. O. Address Miami

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.