URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024963

FILED VS JUL 12 1960 EC 11730572 SL 4038

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6454

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Ste. Genevieve

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b 50 DAYS

c. CITY OR TOWN ST. GENEVIEVE Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 93 N. 9th STREET Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First BERNARD Middle EARNEST Last SHAY

4. DATE OF DEATH Month JUNE Day 22, Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 7-31-98

9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME DENNIS SHAY

13b. MOTHER'S MAIDEN NAME MARGARET HENSEN

14. NAME OF HUSBAND OR WIFE MARIE SHAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 493-18-1973

17. INFORMANT MARIE SHAY, 93 N. 9th ST. Address ST. GENEVIEVE, MISSOURI

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)	CARDIAC INSUFFICIENCY	3 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	RHEUMATIC HEART DISEASE	15 YRS
DUE TO (c)	415x	

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

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. VA attended the deceased from 5-3-60, to 6-22-60 and last saw him alive on 6-22-60

Death occurred at 11@55 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. B. Gedney (Degree or title) M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 6/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-23-60

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.

24. FUNERAL DIRECTOR ADDRESS Basler Funeral Home, Ste. Genevieve, Mo.

25. DATE RECD. BY LOCAL REG. JUN 24 1960

26. REGISTRAR'S SIGNATURE Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 13 1960

JUL 19 1960

STATEMENT BY LICENSED EMBALMER

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.