

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027660

FILED VS JUL 28 1960

210

Primary Registration District No.

Registrar's No.

53

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mercer									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mercer		Length of stay in lb life		c. CITY OR TOWN Mercer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Virgil Middle W. Last Shroyer				4. DATE OF DEATH Month 7 Day 24 Year 60									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-8-1887		9. AGE (last birthday) 73		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) farmer				10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and state or country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Shroyer				13b. MOTHER'S MAIDEN NAME Mary Ann Hamilton				14. NAME OF HUSBAND OR WIFE Jessie Shroyer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 486-40-7482		17. INFORMANT Address Wesley Shroyer Princeton, 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) Death by Firearms Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shotgun wounds DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 1mm.			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Accidentally shot while pulling gun out of car.									
20c. TIME OF INJURY 9 Hour am. Month, Day, Year 7-24-60		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.) farm		20f. CITY, TOWN, OR LOCATION Mercer,		COUNTY STATE Mercer Co., Mo.					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Wesley S. Pearce, D.O. coroner						22b. ADDRESS Princeton, Mo.			22c. DATE SIGNED 7-25-60				
23a. BURIAL CREMATION, REMOVAL (Specify) burial		23b. DATE 7-26-60		23c. NAME OF CEMETERY OR CREMATORY Early		23d. LOCATION (City, town, or county) (State) Mercer Co., Mo							
24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo				25. DATE RECD. BY LOCAL REG. 7-25-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Steel Smith

Licensed Embalmer No. 263

P. O. Address Princeton

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.