MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028007

FILED VS AUG 15 1960

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 42 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN: Osceola — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charles Middle: F. Last: Sure

4. DATE OF DEATH Month, Day, Year: July 2, 1960

5. SEX: Male **6. COLOR OR RACE:** White **7.** Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ **8. DATE OF BIRTH:** 11/24/71 **9. AGE** (last birthday): 88 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): Furniture Finishing
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Indiana
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Edward Shure
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 510-03-7664
17. INFORMANT: Clara Shine, Osceola Missouri — Address:

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)	cerebral Hemorrhage	4 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	myocardial failure	4 mo
DUE TO (c)	mitral stenosis	9

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 ☐
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 March - 1960 to July 1960 and last saw him alive on July 2 - 60

Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth Sievers MD (Degree or title)
22b. ADDRESS: Osceola Missouri
22c. DATE SIGNED: 8-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/4/60
23c. NAME OF CEMETERY OR CREMATORY: Osceola Cemetery
23d. LOCATION (City, town, or county) (State): Osceola Mo

24. FUNERAL DIRECTOR ADDRESS: Goodrich Funeral Home, Osceola Mo.
25. DATE RECD. BY LOCAL REG.: 8-5-60
26. REGISTRAR'S SIGNATURE: Ruth Sievers

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

AUG 16 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. 3038

P. O. Address_____

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