

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009434

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

THE DECEASED

DOCUMENT

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 113 STATE FILE NUMBER

FILED VS. MAR 15 1961

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b transit
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's Hospital Inside Limits No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY Montgomery
 c. CITY OR TOWN Coffeyville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 915 West 11th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First OPAL Middle MAE Last SHY 4. DATE OF DEATH Month March Day 4 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-4-19 9. AGE (last birthday) 41 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) Checotah, Okla 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Griffin 13b. MOTHER'S MAIDEN NAME Ada Batterson 14. NAME OF HUSBAND OR WIFE Virgil Lee Shy

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. unk 17. INFORMANT Address Mrs Albert Brewer, Checotah, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Skull fracture
 DUE TO (b) Car hit construction equipment on
 DUE TO (c) Highway 66 West of Joplin
 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 9 p.m. Month, Day, Year 3-4-61

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.) Hiway 20f. CITY, TOWN, OR LOCATION COUNTY STATE west edge of Joplin Jasper Mo.

21. I attended the deceased from did not attend, to _____ and last saw her him alive on _____
 Death occurred at 9 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hendell Fisher 22b. ADDRESS 508 Frisco, Joplin, Mo. 22c. DATE SIGNED 3-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-6-61 23c. NAME OF CEMETERY OR CREMATORY Coffeyville 23d. LOCATION (City, town, or county) (State) Coffeyville Kansas

24. FUNERAL DIRECTOR ADDRESS Steve Parker Mortuary, Joplin, Mo. 25. DATE RECD. BY LOCAL REG. 3-10-1961 26. REGISTRAR'S SIGNATURE Dove Merriam

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 Harvey E. Amice

Licensed Embalmer No. 4465

P. O. Address Golden, Mo

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.