

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012492

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 62

AMENDED **F** **LED APR 18 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
a. COUNTY Audrain		a. STATE Ill. b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Alton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 617 State St.	
3. NAME OF DECEASED (Type or print) First John Middle Swatek Last Shay		4. DATE OF DEATH Month April Day 22 , Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 2, 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Mexico, Mo.
13a. FATHER'S NAME Jerry D. Shay		13b. MOTHER'S MAIDEN NAME Elizabeth Anne Swatek	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Jerry D. Shay, Alton, Ill.		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) prematurity			INTERVAL BETWEEN ONSET AND DEATH 1 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hyperforate anus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m.			
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 Birth to Death and last saw ^{her} him alive on Apr 2 1961 . Death occurred at 9 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leonard Shaw's J M D (Degree or title)		22b. ADDRESS Mexico Mo	
22c. DATE SIGNED 4-2-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 2, 61	
23c. NAME OF CEMETERY OR CREMATION East Lawn		23d. LOCATION (City, town, or county) (State) Mexico, Mo.	
24. FUNERAL DIRECTOR Precht-Hueston, Mexico, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. April 2, 1961	
		26. REGISTRAR'S SIGNATURE Blanche Neely	

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 Earl E. Pruehl

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.