

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021686

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 274

STATE FILE NUMBER

FILED JUN 19 1961

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JOPLIN</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>GALENA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1017 DEWEY STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle Last <u>SHRYOCK</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>8</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-25-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railroad</u>	9. AGE (last birthday) <u>87</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>LONDON Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS SHRYOCK</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZEBETH SHEELEY</u>	14. NAME OF HUSBAND OR WIFE <u>MARY MOORE SHRYOCK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>CHARLES SHRYOCK</u> Address <u>JOPLIN, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation Pulmonary</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Rodgett's Disease of Pelvis</u>			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 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 a.m. p.m. Month, Day, Year			
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 <u>1959</u> to <u>8 June 61</u> and last saw him alive on <u>8 June 61</u> Death occurred at <u>6:17 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert G. Powell M.D.</u>		22b. ADDRESS <u>Galeana, Kansas</u>	22c. DATE SIGNED <u>9 June 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Pierce City Missouri</u>
24. FUNERAL DIRECTOR <u>Roy L. DERFELT</u> ADDRESS <u>GALENA, KAN.</u>		25. DATE RECD. BY LOCAL REG. <u>6-9-1961</u>	26. REGISTRAR'S SIGNATURE <u>Noel Merriam</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

