SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043345
STATE FILE NUMBER

AMENDED

Registration District No. 340 Primary Registration District No. 4 85B Registrar's No. 91

FILED NOV 30 1961

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bernie — Length of stay in 1b: 4 years
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 Stoddard
c. CITY OR TOWN Bernie — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Walter Middle Daniel Last Shrum
4. DATE OF DEATH Month Nov. Day 17 Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-28-1879
9. AGE (last birthday) 82 — 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 (retired)
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (City and state or country) Puxico, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Shrum
13b. MOTHER'S MAIDEN NAME Sarah Hodge
14. NAME OF HUSBAND OR WIFE Mittie Shrum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) X X X X X X
16. SOCIAL SECURITY NO.
17. INFORMANT Mittie Shrum — Address Bernie, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1961
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastasis to Vital Organs — 1
DUE TO (c) Carcinoma of Lungs — 1955
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 Sept. 18, 1956 to Nov. 16, 1961 and last saw him alive on Nov. 16, 1961
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maryow McCormack D.O. (Degree or title)
22b. ADDRESS Box 482, Bernie, Mo.
22c. DATE SIGNED 11-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-19-61
23c. NAME OF CEMETERY OR CREMATORY Hollis Cemetery
23d. LOCATION (City, town, or county) Puxico, Mo. Rural (State)

24. FUNERAL DIRECTOR Watkins & Sons — ADDRESS Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 11-24-61
26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, Me

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.