MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED JUN 26 1962

Registration District No. 47 Primary Registration District No. 5166 Registrar's No. 147

STATE FILE NUMBER -62-022199

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0140
2	0140
3	
4	0
5	2
6	
7	0
8	2
9	204.0
10	
11	
12	90.2
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township — Length of stay in 1b: Unk.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.F.D. 3 Auxvasse, Mo. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN R.F.D. Auxvasse — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) --- — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: Milton Last: Mc Shery

4. DATE OF DEATH Month: June Day: 18 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-12-1867

9. AGE (last birthday): 94 — 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

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (City and state or country): Lincoln County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Mc Shery

13b. MOTHER'S MAIDEN NAME: Emma Coleman

14. NAME OF HUSBAND OR WIFE: Deceased

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.: None

17. INFORMANT Address: William Mc Shery, Auxvasse, 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): Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2½ mo. my knowledge.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): General Senility.
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 Mar. 9 - 62, to June 18 and last saw her/him alive on June 18 - 1962
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] DO

22b. ADDRESS: Auxvasse Mo

22c. DATE SIGNED: 6-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-20-62

23c. NAME OF CEMETERY OR CREMATORY: Central Grove Cemetery

23d. LOCATION (City, town, or county) (State): New Truxton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Maupin Funeral Home, Fulton, Mo.

25. DATE RECD. BY LOCAL REG.: June 23 - 1962

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, 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.