

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-015883

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 49

FILED APR 22 1963

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
10470				
20900				
3				
4 1				
5 1				
6				
7 0				
8 2				
9463X				
10	BY AFFIDAVIT OF		MEDICAL CERTIFICATION	
11				
12 1-0				
13 1-0				

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Raymond</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ironton</u>		Length of stay in 1b <u>2 wks</u>	c. CITY OR TOWN <u>Centerville</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St Marys Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 mi S of Centerville</u>
3. NAME OF DECEASED (Type or print) First <u>Stella</u> Middle <u>May</u> Last <u>Shy</u>		4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 6 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (last birthday) <u>78</u>
13a. FATHER'S NAME <u>Fotel</u>		13b. MOTHER'S MAIDEN NAME <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Neasha, Mo</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. <u>-</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Bronchial pneumonia</u>		14. NAME OF HUSBAND OR WIFE <u>Halla G Shy</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis and neuritis left leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
DUE TO (c) _____		3 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis, diabetes mellitus</u>			PART III. if deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>3-16-63</u> to <u>4-6-63</u> and last saw her/him alive on <u>4-6-63</u> Death occurred at <u>8:25</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. E. Harland M.D.</u> (Degree or title)		22b. ADDRESS <u>Ironton, Missouri</u>	22c. DATE SIGNED <u>4-17-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>April 17 - 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centerville</u>	23d. LOCATION (City, town, or county) (State) <u>Centerville Mo.</u>
24. FUNERAL DIRECTOR <u>Rev. H. K. Small House, Ellington</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 23 1963

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

Chas. L. Peritt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.