

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 30015114

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stanberry</u>		Length of stay in 1b <u>46 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4TH & LOCUST ST.</u>		d. STREET ADDRESS (If outside, give location) <u>4th & Locust</u>	
3. NAME OF DECEASED (Type or print) First <u>Leona</u> Middle <u>Fern</u> Last <u>Shirrell</u>		4. DATE OF DEATH Month <u>April</u> Day <u>19</u> Year <u>1965</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>8-16-1912</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>home</u>	9. AGE (last birthday) <u>52</u>
11. BIRTHPLACE (City and state or country) <u>Newtown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Nova Sanford</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Mann</u>	
14. NAME OF HUSBAND OR WIFE <u>Oliver Shirrell</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>490-18-7330</u>		17. INFORMANT <u>Oliver Shirrell, Stanberry, Missouri</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>Cerebro Vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>unknown.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>years</u>
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 <u>5:30 p.</u> Month, Day, Year <u>7-17-54</u>	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 <u>Stanberry, Mo.</u>	
20g. COUNTY <u>Missouri</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>7-17-54</u> to <u>4-19-65</u> and last saw her alive on <u>4-19-65</u> Death occurred at <u>5:30 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Albert L. Carlson M.D.</u> (Degree or title)		22b. ADDRESS <u>Stanberry, Mo.</u>	
22c. DATE SIGNED <u>4/20/65</u>		22d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 22, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>	
23d. FUNERAL DIRECTOR <u>Johnson Funeral Home, Stanberry, Mo.</u>		23e. ADDRESS <u>4-22-65</u>	
23f. DATE RECD. BY LOCAL REG. <u>4-22-65</u>		23g. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

MAR 15 1966

RECEIVED
MAR 15 1966

Obtained
4-19-66

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 David A. Drollinger, Student Embalmer No. 732

working under my personal supervision.

Student David A. Drollinger Signed Lawrence Johnson
Signature of Student Embalmer

Licensed Embalmer No. 4948

P. O. Address Stanberry, 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.