

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013216

State File No.

FILED APR 29 1958

REG. DIST. NO. 22

PRIMARY REG. DIST. NO. 5114

Registrar's No. 30

0090

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) Zalma		c. LENGTH OF STAY (In this place) 60yrs.	c. CITY OR TOWN Zalma
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 0090	

3. NAME OF DECEASED (Type or Print) a. (First) Hiram b. (Middle) Andrew c. (Last) Shirrell			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 12, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 4 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentering		10b. KIND OF BUSINESS OR INDUSTRY carpenter	11. BIRTHPLACE (City and State or Foreign Country) Bloomington, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Henry Shirrell		13b. MOTHER'S MAIDEN NAME Jane Todd		14. NAME OF HUSBAND OR WIFE Frances Talley Shirrell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no home		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phynie Shirrell, Zalma, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age and unusual muscular exertion.		
	DUE TO (c) muscular exertion.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **April 16, 1958** to **April 19, 1958**, that I last saw the deceased alive on **April 17, 1958**, and that death occurred at **7** m., from the causes and on the date stated above.

23a. SIGNATURE W. S. Savault M.D.	(Degree or title)	23b. ADDRESS Delta mo	23c. DATE SIGNED April 23-58
---	-------------------	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-58	24c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Memorial	24d. LOCATION (City, town, or county) (State) Bollinger Co., Mo.
--	-----------------------------	---	--

DATE REC'D BY LOCAL RES. 4/25/58	REGISTRAR'S SIGNATURE Mrs. Buford Crader	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Mayan Advance, Mo.
--	--	---

520

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..... *William H. May*

Licensed Embalmer No. 4640

P. O. Address Advance, 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.