

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23828

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b> 0495	
c. LENGTH OF STAY (In this place) <b>4 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>415 HIGH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1809 GRAND</b>			
3. NAME OF DECEASED a. (First) <b>MIKEL</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>SHIREMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 22, 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 30, 1871</b>
9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSPORTATION</b>	11. BIRTHPLACE (State or foreign country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>NO RECORD</b>	13b. MOTHER'S MAIDEN NAME <b>DELILAH SCOTT</b>	14. NAME OF HUSBAND OR WIFE <b>MARY C. SHIREMAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MARY C. SHIREMAN</b> ADDRESS <b>JOPLIN</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Aneurysm</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>33 31X</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>		
	DUE TO (c)		
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <b>7-16-50</b> , 1950, to <b>7-21</b> , 1950, that I last saw the deceased alive on <b>7-16</b> , 1950, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>D. H. Herfelt</b> (Degree or title)		23b. ADDRESS <b>202 7th Joplin St. Joplin</b>	23c. DATE SIGNED <b>7-22-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>OSARK MEM. PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN MO</b>
DATE REC'D BY LOCAL REG. <b>7-24-50</b>	REGISTRAR'S SIGNATURE <b>Eds. James</b> 138	25. FUNERAL DIRECTOR'S SIGNATURE <b>HURL BUT GLOVER</b> ADDRESS <b>JOPLIN</b>	

0495

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

RECEIVED 8-2-50  
Jasper County Health Office

County File Number 59-7-565

Date Filed 8-2-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.