

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19337

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 400 High Street		d. STREET ADDRESS (If rural, give location) 400 High Street	
3. NAME OF DECEASED (Type or Print) a. (First) Georgia		b. (Middle) Ann	
c. (Last) Shobe		4. DATE OF DEATH (Month) (Day) (Year) July 1 1949	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 16, 1861	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 7 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Benton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Wash Taylor		13b. MOTHER'S MAIDEN NAME Fannie Richardson	
14. NAME OF HUSBAND OR WIFE Mrs. Charlie Shobe		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold Patton, Windsor, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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)		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 July 7, 1948, to July 1, 1949, that I last saw the deceased alive on July 1, 1949 and that death occurred at 7:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. B. Jordan M.D.		23b. ADDRESS Windsor Mo	
23c. DATE SIGNED 7-2-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-49	
24c. NAME OF CEMETERY OR CREMATORY Vincent Cemetery		24d. LOCATION (City, town, or county) (State) Benton County, Missouri	
DATE REC'D BY LOCAL REG. July-3-49		REGISTRAR'S SIGNATURE Florence A. Dan	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Huston-Turner, Windsor, Mo.	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

District Health Officer No. 7

District File Number 6:49:83

Date Filed 7-11-49

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 _____
Student Embalmer

Signed

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Windsor, Md

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