

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29043

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 249 PRIMARY REG. DIST. NO. 4514 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		c. LENGTH OF STAY (In this place) <u>18 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Shoop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 11, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 5, 1868</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Thomas Vanlaningham</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Truitt</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Shoop</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emmett E. Shoop Creston Iowa</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal Syndrome</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suspected Cancer ureters</u>	
19a. DATE OF OPERATION <u>name</u>		19b. MAJOR FINDINGS OF OPERATION <u>name</u>	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.) <u>name</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>name</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>name</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>name</u>
22. I hereby certify that I attended the deceased from <u>July 1st, 1949, to Aug 4, 1949</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 9, 1949</u> , and that death occurred at <u>11:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Laura W. Ballew D.D.</u> (Degree or title)		23b. ADDRESS <u>Green Belt, Mo.</u>	23c. DATE SIGNED <u>Aug 9-49</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Aug. 13, 1949</u>	REGISTRAR'S SIGNATURE <u>Laura Ballew</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kenton, Green City, Mo.</u>	

RECEIVED AUG 18 1949  
District Health Officer No. 1  
District File Number 8-49-142  
Date Filed AUG 18 1949

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Karl E. Kent  
Licensed Embalmer No. 4689  
P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.