

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1734

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laplata</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laplata</u> 0610	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) <u>Loetta</u> c. (Last) <u>Shearer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 6 - 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>macon Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hill</u>		14. NAME OF HUSBAND OF DECEASED <u>C.W. Shearer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.W. Shearer Laplata</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Breast with Multiple Metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>
	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.		<u>170X</u>	

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) (Min.)	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 Sept. 23, 1949, to Jan. 19, 1950, that I last saw the deceased alive on Jan. 19, 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Robert Kuopp, M.D.</u>		23b. ADDRESS <u>Laplata, Mo.</u>		23c. DATE SIGNED <u>1/20/50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laplata</u>	24d. LOCATION (City, town, or county) (State) <u>Laplata Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 26-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. Griffin</u>	186	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. Schrieber Laplata Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

