

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4222

State File No.

BIRTH NO. _____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 5257 Registrar's No. 39

0216

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>rural, Yellow creek</u>	c. LENGTH OF STAY (in this place) <u>76 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROTHVILLE, rural</u> <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>Rothville, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Shoop</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 13, 1874</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u>19</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Chariton Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Shoop</u>		13b. MOTHER'S MAIDEN NAME <u>Lucretia Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Ora Shoop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Verner Shoop, Rothville, Mo.</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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Him Self thro' Head with 17 Gauge Shot Gun</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. _____		18. CAUSE OF DEATH ONSET AND DEATH <u>E9714X</u>	
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Yellow creek Ins Co Chariton Mo.</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21 1950 10:30 a.m.</u>		
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____				

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. D. Grunth Coroner of Chariton County</u>		23b. ADDRESS <u>Keytesville Mo</u>		23c. DATE SIGNED <u>1-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 3. 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rothville cemety</u>	24d. LOCATION (City, town, or county) (State) <u>Rothville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Feb 2 '50</u>	REGISTRAR'S SIGNATURE <u>Martha Clark</u>	57	25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>	ADDRESS <u>Merceline, Mo</u>	
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RECEIVED

MAR 6 1909

District Health Officer No. 32

District File Number

Date Filed 3-6-09

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 Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.