

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12059**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **539**

6117

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Albany</b> <b>0380</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Meth. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Davis</b> c. (Last) <b>Shoop</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 2, 1950</b>		
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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>Sept. 11, 1902</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>21</b>	IF UNDER 2 WKS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>newspaperman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own paper</b>	11. BIRTHPLACE (State or foreign country) <b>Richmond, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Walter T. Shoop</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Francis Shoop</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret F. Shoop, Albany, Missouri</b>			
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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) <b>Chronic Glomerulo nephritis</b>				INTEGRAL BETWEEN ONSET AND DEATH <b>2 years +</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<b>592X</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b> <b>Heart disease: cerebral hemorrhage</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **5-1, 1950**, to **5-2, 1950**, that I last saw the deceased alive on **5-2, 1950**, and that death occurred at **11:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Irwin Rosenthal M.D.</b>	23b. ADDRESS <b>St Joseph Mo</b>	23c. DATE SIGNED <b>5-3-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>5/3/1950</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Albany, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 6, 1950</b>	REGISTRAR'S SIGNATURE <b>E. B. Jenkinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>382 St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side) **Home**

*Dr. Parvatha*

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**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 *William Spalding* .....

Signed .....

Student Embalmer

Licensed Embalmer No. *7335* .....

P. O. Address *319 S 10th St Joseph 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.