

FILED OCT 3 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 310388

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>302-</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pettis</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		d. STREET ADDRESS <u>1120 E. 9th St</u>		0.804	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1120 E. 9th St</u>				d. STREET ADDRESS (If rural, give location) <u>1120 E. 9th St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clara</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Shore</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19, 1951</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan 5, 1881</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u>		IF UNDER 18 HRS. Hours <u>14</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS/OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. W. Hays</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Deering</u>		14. NAME OF HUSBAND OR WIFE <u>Avery F. Shore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith Evans, Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary emboli</u>		ANTECEDENT CAUSES				<u>15 min.</u>	
DUE TO (b) <u>metastatic carcinoma</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>6 mos.</u>	
DUE TO (c) <u>Hypernephroma - carb.</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>1 yr. (?)</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 <u>MAY 11, 1951</u> , to <u>SEPT. 19, 1951</u> , that I last saw the deceased alive on <u>SEPT. 19, 1951</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. W. Maulders D.O.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>9/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 22, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/22/51</u>		REGISTRAR'S SIGNATURE <u>A. Campbell M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Swing</u>		ADDRESS <u>Sedalia, Mo.</u>	

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

RECEIVED 10-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 10-2-51 -----

JAN 8 8 1956

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 -----

working under my personal supervision.

Student Embalmer No.

Signed

R. E. Baker

Signed.....

Student Embalmer

Licensed Embalmer No. 2419

P. O. Address *Sedalia 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.