

## STANDARD CERTIFICATE OF DEATH

State File No. **27035**

FILED AUG 18 1952

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. <b>4001</b>		Registrar's No. <b>281</b>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b> <i>0010</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b> <i>010</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Novinger, Rural</b>			c. LENGTH OF STAY (In this place) <b>Novinger, -Rural</b> <i>0</i>			c. CITY (If outside corporate limits, write RURAL and give township) <b>Novinger, -Rural</b> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Novinger, Mo. Rural</b>				d. STREET ADDRESS (If rural, give location) <b>Rural</b>			
3. NAME OF DECEASED (Type or Print) <b>Isabelle</b>		a. (First)		b. (Middle)		c. (Last) <b>Shoop</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 8, 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <i>2</i>	
8. DATE OF BIRTH <b>Aug. 2, 1863</b>		9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 Wk. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Adair Co., Mo.</b> <i>0</i>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Adam Shoop</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Aaron Shoop</b>			
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>Mrs. Iva Novinger, Novinger, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic heart disease with auricular block.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b>				<b>20 years</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<b>4200</b>		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)		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 <b>August 6, 1952</b> , to <b>August 8, 1952</b> , that I last saw the deceased alive on <b>Aug. 8, 1952</b> , and that death occurred at <b>8:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Howard E. Gross, M.D.</b> <i>21</i>				23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>Aug. 9, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/10/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Novinger Cmt.</b>		24d. LOCATION (City, town, or county) (State) <b>Novinger, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-9-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b> <i>1-0</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul M. [unclear] Kirkville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Geeth Collier*

Licensed Embalmer No. 3632

P. O. Address Huberville Pa

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.