

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4714

FILED FEB 18 1953

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give town) Kirkville		c. LENGTH OF STAY (In this place) 20 days		c. CITY (If outside corporate limits, write RURAL and give township) Kirkville 0013			
d. FULL NAME OF HOSPITAL OR INSTITUTION C. N. H. #1				d. STREET ADDRESS (If rural, give location) 1621 N. Don			
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle) W.		c. (Last) Shough	
4. DATE OF DEATH (Month) (Day) (Year) Feb 9 1953		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Feb. 18, 1865		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Goshen Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Shough		13b. MOTHER'S MAIDEN NAME Rachael Shute		14. NAME OF HUSBAND OR WIFE Hettie May Moorehead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE AND ADDRESS Mrs. Myra E. Hediger, Kirkville, Mo			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Arrest INTERVAL BETWEEN ONSET AND DEATH					
		ANTECEDENT CAUSES DUE TO (b) Left Ventricular Failure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerotic Heart Disease					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 4200					
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)		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 1 - 20, 1953, to 2 - 9, 1953, that I last saw the deceased alive on 2 - 9, 1953, and that death occurred at 9:04 P.m., from the causes and on the date stated above.							
23a. SIGNATURE David W. Boone do		(Degree or title)		23b. ADDRESS Kirkville Mo		23c. DATE SIGNED 2-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/11/53		24c. NAME OF CEMETERY OR CREMATORY Pratt		24d. LOCATION (City, town, or county) (State) Adair County, Mo.	
DATE REC'D BY LOCAL REG. 2-12-53		REGISTRAR'S SIGNATURE Kate Lambert 1-1		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul M. Riley, Kirkville, Mo.			

(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 *Richard H. Bandall*

Licensed Embalmer No. *4866*

P. O. Address *Kirksville, 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.