

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14813**

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5623 Registrar's No. 83

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

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty Salt River		c. LENGTH OF STAY (In this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) 0520	
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Marie c. (Last) Shores		4. DATE OF DEATH (Month) (Day) (Year) Apr. 25 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 11, 1862
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Knox County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Ed Bowen	
13b. MOTHER'S MAIDEN NAME Frances Hooper		14. NAME OF HUSBAND OR WIFE Samuel E. Shores	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Nada Hall
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 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardia INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility + General Debility		21. INFORMANT'S ADDRESS Novelty Mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 1 , 19 53 , to Apr 25 , 19 53 , that I last saw the deceased alive on Apr 24 , 19 53 , and that death occurred at 1:00 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Nada Bowen MD		23b. ADDRESS Knox City Mo	
23c. DATE SIGNED 4/25/53		23d. NAME OF CEMETERY OR CREMATORY Cherry Box cemetery	
23e. LOCATION (City, town, or county) (State) 1/2 Mi. So. Novelty, Mo.		23f. DATE REC'D BY LOCAL REG. Apr. 27-53	
23g. REGISTRAR'S SIGNATURE Helle S. Bunolt		23h. FUNERAL DIRECTOR'S SIGNATURE Edina Mo	
23i. ADDRESS		23j. ADDRESS	

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.