

STANDARD CERTIFICATE OF DEATH

20670

FILED JUN 23 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Atchison</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u> c. LENGTH OF STAY (In this place) <u>90 da.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u> d. STREET ADDRESS (If rural, give location) <u>none</u>	
---	--	--	--

3. NAME OF DECEASED a. (First) <u>Kate</u> b. (Middle) _____ c. (Last) <u>Shurigar</u> (Type or Print)			4. DATE OF DEATH (Month) <u>6</u> (Day) <u>18</u> (Year) <u>1953</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-4-1858</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>2</u> Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
--------------------------------	---	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Sigourney, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--	---	--	--

13a. FATHER'S NAME <u>Joseph Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Schaffer</u>	14. NAME OF HUSBAND OR WIFE <u>Ed. Shrugar</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Grace Wilson. Rock Port. Mo.,</u>
---	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 yrs</u>
--	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	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) _____ m.	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 6/8/53, 19 , to 6/13/53, 19 , that I last saw the deceased alive on 6/13/53, 19 , and that death occurred at 6:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>W E Rollard</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Tarkio, Mo.</u>	23c. DATE SIGNED <u>6/16/53</u>
---	---	---

24a. BURIAL: CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/16/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.,</u>
---	--------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>June 16, 1953</u>	REGISTRAR'S SIGNATURE <u>Marvin Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARTHOLOMEW MORTUARY, ROCKPORT.</u>
---	--	---

(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.

Signed.....

Grady Bartholomew

Signed.....
Student Embalmer

Licensed Embalmer No.

#1234 3173

P. O. Address Rock Port. Mo.,.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.