

FILED MAY 18 1954

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15226**

BIRTH NO. _____ REG. DIST. NO. **62** PRIMARY REG. DIST. NO. **5240** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 9 Miles N. of Stockton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 Miles N. of Stockton			

3. NAME OF DECEASED (Type or Print) a. (First) ARABA b. (Middle) ELDORA J. c. (Last) SHUEE			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 5, 1862		9. AGE (In years last birthday) 91		10. MONTH 11 DAY 19 IF ORDER IS SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Iowa
					12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME David Fortney		13b. MOTHER'S MAIDEN NAME Lizzie Cox		14. NAME OF HUSBAND OR WIFE Geo. W. Shuee	
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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 G.W. Shuee, Humansville, Mo. ADDRESS _____	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			794X
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **4-24-1954**, and that death occurred at **2 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm B Ritter M.D. (Degree or title)		23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 4-26-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-26-1954		24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	
				24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	

DATE REC'D BY LOCAL REC. 5-12-54		REGISTRAR'S SIGNATURE Geneva Harrison		25. FUNERAL DIRECTOR'S SIGNATURE Centler Funeral Home, Stockton, Mo. ADDRESS _____	
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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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address *Stockton, 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.