

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 24 1954

 BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5533 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon rural Forbes twp		c. LENGTH OF STAY (In this place) 22 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Forbes township		d. STREET ADDRESS (If rural, give location) 5 miles south east Oregon	
3. NAME OF DECEASED (Type or Print) a. (First) Susan		b. (Middle) Francis	
c. (Last) Shores		4. DATE OF DEATH (Month) (Day) (Year) May 12 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 31 1876
9. AGE (In years last birthday) 77		10. MONTHS 7	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY house wife	
11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeremiah Atkins		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE James W. 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 Mr. J W Shores		ADDRESS Oregon Missouri	
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)		CEREBRAL THROMBOSIS	
ANTECEDENT CAUSES		DUE TO (b) HYPERTENSION	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		NEPHRITIS, GLOMERULAR	
Conditions contributing to the death but not related to the disease or condition causing death.		6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X	
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 SEPT , 1953, to 5-12-54 , 19, that I last saw the deceased alive on 5-11-54 , 19, and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard E. Collins D.O.		23b. ADDRESS Oregon Mo.	
23c. DATE SIGNED 5-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 14, 1954	
24c. NAME OF CEMETERY OR CREMATORY Fillmore		24d. LOCATION (City, town, or county) (State) Fillmore Missouri	
DATE REC'D BY LOCAL REG. 5-12-54		REGISTRAR'S SIGNATURE James H. Crawford 469	
25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettyjohn		ADDRESS Oregon 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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.