

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22774**

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5666** Registrar's No. **57**

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| 1. PLACE OF DEATH a. COUNTY Lewis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Union | | c. LENGTH OF STAY (in this place) Union | c. CITY OR TOWN Canton |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS 1001 N. 7th | | 0560 | |

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|-------------------------------------|---------------------------|-------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Richard | b. (Middle) Earl | c. (Last) Shores | 4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955 |
|-------------------------------------|---------------------------|-------------------------|-------------------------|---|

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|--------------------|-------------------------------|---|--|---|------------------------|------------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Febr. 10, 1933 | 9. AGE (In years last birthday) 22 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Air Force | 10b. KIND OF BUSINESS OR INDUSTRY Laredo, Tex. | 11. BIRTHPLACE (City and State or Foreign Country) Canton, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Hermie Shores | 13b. MOTHER'S MAIDEN NAME Ruth Caldwell | 14. NAME OF HUSBAND OR WIFE Judy Taylor |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Air Force | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Hermie Shores, Canton, Mo. | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries | | |
| ANTECEDENT CAUSES | | DUE TO (b) Automobile accident | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Inquest | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway No. 61 | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Taylor, Mo. Lewis Co. Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 31, 1955 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Car turned over on victom |
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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 _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23. SIGNATURE (Degree or title) Carl H. Buckley | 23b. ADDRESS Canton, Mo. | 23c. DATE SIGNED 8/3/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE August 3-55 | 24c. NAME OF CEMETERY OR CREMATORY Forest Grove | 24d. LOCATION (City, town, or county) (State) Canton, Lewis County, Mo. |
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| DATE REC'D BY LOCAL REG. 8-6-55 | REGISTRAR'S SIGNATURE P.W. Jennings | 25. FUNERAL DIRECTOR'S SIGNATURE Carl H. Buckley | ADDRESS Canton, Mo. |
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E.L. (Licensed Embalmer's Statement on Reverse Side)

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

0560
3

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.....
Signature of Student Embalmer

Signed *Earl Buckley*.....

Licensed Embalmer No. *7612*

P. O. Address *Canton, ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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