

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32921**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5467** Registrar's No. **999**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 1st Robberson</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Rural 1st Robberson</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield RFD#5</b>				e. STREET ADDRESS (If rural, give location) <b>Springfield RFD#5</b>					
3. NAME OF DECEASED a. (First) <b>Ellen</b>			b. (Middle)		c. (Last) <b>Shook</b>		4. DATE OF DEATH <b>Nov. 7, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>28 Feb. 1877</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Home maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Jacob Shook</b>			13b. MOTHER'S MAIDEN NAME <b>Day</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alice Wallis</b> ADDRESS <b>Rt. 5 Springfield, Mo.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primarily in</b> DUE TO (c) <b>Reflux</b>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>154x</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <b>Oct 16, 1955</b> , to <b>Nov 7, 1955</b> , that I last saw the deceased alive on <b>Nov 6, 1955</b> , and that death occurred at <b>3:00 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>W. A. DeKullen</b> (Degree or title)				23b. ADDRESS <b>McDaniel Building Springfield, Missouri</b>				23c. DATE SIGNED <b>11/7/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-9-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Clear Creek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>11-7-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. King</b> ADDRESS <b>SPRINGFIELD MO.</b>					

(Licensed Embalmer's Statement on Reverse Side) **JAC**

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

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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.....

*O. G. D. Jr.*

Licensed Embalmer No. *417*

P. O. Address *Springfield*

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.