

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1955

State File No. 36299

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>96</u>					
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u>				b. COUNTY <u>Adair</u>			
b. CITY OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Kington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 F Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>none</u>				<u>01301</u>			
3. NAME OF DECEASED (Type or Print) <u>MINNIE M. SHOAN</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>Nov 22-55</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Unmarried</u>			8. DATE OF BIRTH <u>May 8-1881</u>			9. AGE (In years last birthday) <u>74</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Marable Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>Wm B. Decker</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah A. Hayworth</u>		
14. NAME OF HUSBAND OR WIFE <u>Wm B. Decker</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Gleason Decker Kington Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) <u>Diabetes Mellitus</u> the underlying cause last <u>Dissected Aneurysm</u> DUE TO (b) <u>Carbuncle</u> DUE TO (c) <u>331X</u> 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>6 yrs</u>			
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 <u>1952</u> to <u>Nov 22, 1955</u> , that I last saw the deceased alive on <u>Nov 22, 1955</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Wm Goodson</u> (Degree or title)						23b. ADDRESS <u>Liberty Mo</u>			23c. DATE SIGNED <u>11/23/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kington</u>		24d. LOCATION (City, town, or county) (State) <u>Kington Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Nov 24, 1955</u>				REGISTRAR'S SIGNATURE <u>Nobel Graham</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u> ADDRESS <u>Kington Mo.</u>			

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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.....
Signature of Student Embalmer

Signed.....
John Lambert

Licensed Embalmer No. 444

P. O. Address.....
Liberty

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.