

Health & Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1956

STATE FILE NUMBER **25876**  
Registration District No. **1** Primary Registration District No. **3000** Registrar's No. **259**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Kirkville</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kirkville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>C.N. H. #2</b> Length of stay in 1b		d. STREET ADDRESS <b>815 S. Elson S.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Alphonse</b> Last <b>Shopp</b>			4. DATE OF DEATH <b>Aug. 22, 1956</b> Month <b>Aug.</b> Day <b>22</b> Year <b>1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 16, 1887</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman Shoe Factory</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>? Shopp</b>	
14. MOTHER'S MAIDEN NAME <b>Mary White</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service) <b>X</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Dorothy Blueskye, Sturgis, Ky</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary carcinoma</b> DUE TO (b) <b>Cardiovascular Collapse</b> DUE TO (c) <b>Myocardial insufficiency</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Uremia and Prostatic Malegna</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 minutes</b> <b>1 hour</b> <b>2 days</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour. <b>a. m.</b> Month. <b>p. m.</b> Day. Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <b>Jan 16, 1956</b> to <b>Aug. 22, 1956</b> and last saw <b>him</b> alive on <b>Aug. 22, 1956</b> Death occurred at <b>5:05 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>George H. Scherer, D.O.</b>		22b. ADDRESS <b>Kirkville, Mo.</b>	
22c. DATE SIGNED <b>Aug 25 1956</b>		22d. STATE <b>Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/25/56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Highland Park</b>		23d. LOCATION (City, town, or county) <b>Kirkville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Frank M. [Signature]</b>		25. DATE RECD. BY LOCAL REG. <b>8-25-56</b>	
26. REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Kenneth E. Hayes*.....

Licensed Embalmer No. *489*.....

P. O. Address *Kirkville*.....

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.