

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27767

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

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DASCOMBE</u>	
b. CITY OR TOWN <u>Rural Jefferson Mo</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Bland</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>Adm'd in route to St. Mary Hosp. Jefferson City, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0310</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertie</u> b. (Middle) _____ c. (Last) <u>Shockley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1-1956</u>	
f. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. Dowd</u>	8. DATE OF BIRTH <u>Jan-26-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dascombe County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Durbin</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crider</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Shockley - Belle 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Vlyscardial Deger.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>4201</u>	
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>8/8, 1956</u> , to <u>9/1, 1956</u> , that I last saw the deceased alive on <u>9/1, 1956</u> , and that death occurred at <u>8:05 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. J. Schumaker M.D.</u>		23b. ADDRESS <u>Belle Mo</u>	23c. DATE SIGNED <u>9/1/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 3-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Campbell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marie County - Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 5 1956</u>	REGISTRAR'S SIGNATURE <u>T. A. Schumaker</u>	25. SUFFRAGE DIRECTOR'S SIGNATURE ADDRESS <u>Chas. Schumaker Belle Mo</u>	

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 *Chester Lassman*.....

Licensed Embalmer No. *4128*.....

P. O. Address *Bland, Va.*.....

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.