

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27215
State File No.

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6175 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>Harris</u>		c. CITY OR TOWN <u>Harris</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		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 <u>Liberty Sup.</u>		e. STREET ADDRESS (If rural, give location) <u>Liberty Sup. 1300</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>RANSOM</u> c. (Last) <u>SHORES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-29-57</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Oct 30 1895</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Seaman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Merle Shores</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Guffitt</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Shores</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Clyde John Kaer</u>		ADDRESS <u>Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u>				<u>5 days</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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 7/15, 1957, to 7/29, 1957, that I last saw the deceased alive on 7/29, 1957, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Wise Sr.</u> (Degree or title)		23b. ADDRESS <u>Harris Mo</u>		23c. DATE SIGNED <u>7/30/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 1 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Harris Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8-5-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Judd & Payne</u>		ADDRESS <u>Newtown Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

U. S. 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.....
RK Payne Jr

Licensed Embalmer No. *2400*

P. O. Address *Galt*

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.