THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

30693
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 330

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: C. N. H. #2 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1109 So. High St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ella Middle: Last: Shoop
4. DATE OF DEATH: Month Sept. Day 16, Year 1957
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 1, 1874
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Vermillion County, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Watson
14. MOTHER'S MAIDEN NAME: Millie Waugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Wilbur Casey, Novinger, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia — days
DUE TO (c): Nephrosclerosis 446X — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Generalized arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2-12-57 to Sept 16, 1957 and last saw her alive on 9-15-57
Death occurred at 11:08 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: George H. Scheurer, D.O. (Degree or title)
22b. ADDRESS: Kirksville, Missouri
22c. DATE SIGNED: 9-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/18/57
23c. NAME OF CEMETERY OR CREMATORY: Green Grove Cemetery
23d. LOCATION (City, town, or county) (State): Adair County, Mo.
24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 18, 1957
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 em

by me, or by Richard R. Ellis, Student Embalmer No. 542

working under my personal supervision..

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davel

Licensed Embalmer No. 47

P. O. Address Kirkwo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.