

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32947**

FILED SEP 30 1957
BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **157**

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

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROLLA		c. LENGTH OF STAY (In this place) 1 DAY	c. CITY OR TOWN RURAL
d. FULL NAME OF HOSPITAL OR INSTITUTION McFARLAND NURSING HOME		e. STREET ADDRESS (If rural, give location) SMILES W. OF STEELVILLE, MO.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM HARRIS b. (Middle) SHOOP c. (Last) SHOOP	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 7 - 57
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-18-1867	9. AGE (In years last birthday) 89	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) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) BEDFORD COUNTY, PENN.	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME DAVID H. SHOOP	13b. MOTHER'S MAIDEN NAME ELIZABETH CARL	14. NAME OF HUSBAND OR WIFE MAUDE SHOOP
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. MABEL LACKNER-STEELVILLE, MO.	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation (acute)		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardiac hypertrophy 2 yrs		
	DUE TO (c) Valvular disease (aortic stenosis) 5 yrs		
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 4211	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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 **Oct. 1946** to **Sept 6, 1957**, that I last saw the deceased alive on **Sept 6, 1957**, and that death occurred at **1:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) DD	23b. ADDRESS Steelville Mo	23c. DATE SIGNED 9/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-9-57	24c. NAME OF CEMETERY OR CREMATORY STEELVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) STEELVILLE, MISSOURI.
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DATE REC'D BY LOCAL REG. Sept 16, 1957	REGISTRAR'S SIGNATURE Madeline L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Pharmas S. Hall	ADDRESS STEELVILLE, MO.
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RECEIVED

Phelps County Health Officer,

County File Number ~~830~~ 830

Date Filed 9-25-57

OCT 1 1957

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 *Thomas S. Halbert*

Licensed Embalmer No. 433

P. O. Address *Stelville*

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.