

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH3649 44970
STATE FILE NUMBER

Registration District No. 13-177

Primary Registration District No. 4649

Registrar's No. 21

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Lawrence | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Twp. # 17 (Pine) Yes <input type="checkbox"/> No <input type="checkbox"/> | | a. STATE Mo. | | b. COUNTY Dade | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #1, Monett | | | Length of stay in 1b 6 months | c. CITY OR TOWN Greenfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 414 Talbutt |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ollie - Shouse | | | | 4. DATE OF DEATH Month Day Year Dec. 12, 1957 | | | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 22, 1883 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and state or country) Dade County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME Gus A. Perkins | | | | 14. MOTHER'S MAIDEN NAME Allie Moore | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Rt. #1 Meryl Porterfield; Monett, Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Hemorrhage (Bronchial) Carcinoma of Kidney Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 18 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 Dec 2 '57 to Dec. 12, 57 and last saw her alive on Dec 11 '57 Death occurred at 7:50 a. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Frank A. Shouse MD. (Degree or title) | | | | 22b. ADDRESS Monett, Mo | | 22c. DATE SIGNED 12-14-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 15, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Greenfield Cem. | | 23d. LOCATION (City, town, or county) Greenfield, Mo. (State) | | |
| 24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo. ADDRESS | | | 25. DATE RECD. BY LOCAL REG. 1-4-58 | | 26. REGISTRAR'S SIGNATURE Ma P. N. Cook | | |

(Licensed Embalmer's Statement on Reverse Side)

S. 300
v. 1-56

Health, & Welfare
Public Health Service

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 158-8

DATE REC. 1-6-58

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 J. C. Canada

Licensed Embalmer No. 419
P. O. Address Greenfield

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.