

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033594
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Versailles 0710</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>513 C. McHair</u>		Length of stay in 1b <u>2 yrs</u>	d. STREET ADDRESS <u>513 C. McHair</u>
3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>May</u> Last <u>Shank</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>21</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 21, 1869</u>
9. AGE (In years last birthday) <u>89 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Marion Co., Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John L. Brubaker</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Horn</u>
14. NAME OF HUSBAND OR WIFE <u>John R. Shank</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT <u>Rev. J. P. Brubaker Versailles, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Arteriosclerosis</u>	
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 <u>years</u>	
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.) <u>4500</u>		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <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 <u>Versailles, Mo.</u>		20g. COUNTY <u>Morgan</u>	
20h. STATE <u>Mo.</u>		21. I attended the deceased from <u>June 1, 1958</u> to <u>Sept. 21, 1958</u> and last saw her alive on <u>Sept 19, 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Ruth Kauffman, M.D.</u>		22b. ADDRESS <u>Versailles, Mo.</u>	
22c. DATE SIGNED <u>9-24-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>23 Sept. 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Zion Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Morgan Co., Mo.</u>		23e. (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>W. F. Kidwell Versailles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-25-58</u>	
26. REGISTRAR'S SIGNATURE <u>J. H. Wash</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Raymond C. Foster*

Licensed Embalmer No. *4626*

P. O. Address *Versailles, Mo*

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.