Health, & Welfare Public Service
90
S. 300
1-57

FILED DEC 31 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043504
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pleasant Hill — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Oak Street — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Pleasant Hill 0190 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Oak Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Jane Last: Shoaff

4. DATE OF DEATH Month Day Year: Dec. 19, 1958

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: June 14, 1866

9. AGE (In years last birthday): 92 — 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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (City and state or country): Ripley, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: David Howland

13b. MOTHER'S MAIDEN NAME: Nancy Mosier

14. NAME OF HUSBAND OR WIFE: Henry C. Shoaff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Robert H. Moore Address: Pleasant Hill, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

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 10-28-47, to 12-19-58 and last saw her alive on 12-19-58
Death occurred at 10:43 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A W Eklund MD

22b. ADDRESS: Pleasant Hill, Mo

22c. DATE SIGNED: 12-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 12/21/58

23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill

23d. LOCATION (City, town, or county) (State): Pleasant Hill, Missouri

24. FUNERAL DIRECTOR: Brownfield-Stanley ADDRESS: Pleasant Hill, Mo

25. DATE RECD. BY LOCAL REG.: 12-21-58

26. REGISTRAR'S SIGNATURE: Mrs Ray Debree

(Licensed Embalmer's Statement on Reverse Side)

CASS COUNTY
HEALTH DEPARTMENT

MAY 14 1959

MAR 27 1959

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 D. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill, M

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.