

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008387
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 032 Primary Registration District No. Registrar's No. 23

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sturdivant		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sturdivant ⁰⁹⁹⁰
c. FULL NAME OF (If not in name, give location) HOSPITAL OR INSTITUTION Wash Turp.		Length of stay in lb LIFE	d. STREET ADDRESS (If outside, give location) Wash Turp.
3. NAME OF DECEASED (Type or print) First Middle Last MAGGIE FRANCIS Shrout			4. DATE OF DEATH Month Day Year MARCH 10, 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1899
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (City and state or country) Bollinger Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE John E. Shrout	
13a. FATHER'S NAME DANIEL BESS		13b. MOTHER'S MAIDEN NAME ALICE UNDERWOOD	
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 John E. Shrout Address Sturdivant, 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) Shock			INTERVAL BETWEEN ONSET AND DEATH 1 Minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			10-20 minutes
DUE TO (c) Arteriosclerosis			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 3-10-59 to 3-10-59 and last saw her alive on 3-10-59 Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE A. G. Masters (Degree or title)		22b. ADDRESS Advance Mo 21-59	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	3-12-59	Sturdivant Cemetery	Sturdivant, Mo.
24. FUNERAL DIRECTOR W. H. Morgan ADDRESS Advance, Mo.		25. DATE RECD. BY LOCAL REG. 3/21/59	26. REGISTRAR'S SIGNATURE Max Buford Cradew

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W^m H May*

Licensed Embalmer No. *4640*

P. O. Address. *Adwanna, N.J.*

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.