DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1959

59-023994
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: C.N.H. #1
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 716 S. Franklin
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bernice Middle: May Last: Shough
4. DATE OF DEATH: Month: July Day: 13 Year: 1959
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 14, 1889
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Goshen, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George W. Shough
13b. MOTHER'S MAIDEN NAME: Hettie May Moorehead
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Myra E. Hediger, Kirksville, Mo.

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) Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemorrhaging Gastric ulcer — hours
DUE TO (c) Congenital Hiatal Hernia — since birth
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 Jan. 16, 1956 to July 13, 1959 and last saw her alive on July 13, 1959
Death occurred at 10:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George H. Scheuer D.O.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 7-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Pratt Cemetery
23d. LOCATION (City, town, or county) (State): Adair, County, Mo.

24. FUNERAL DIRECTOR: Lane M. Riley ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 7-16-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

GEORGE H. SCHEURER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George W. Davat

Licensed Embalmer No. 479

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.