MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-030676
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 1303

FILED SEP 5 1962

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BAPTIST Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 467 S. MARKET — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOE — Middle M — Last SHOOK
4. DATE OF DEATH: Month AUG — Day 26 — Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH: 11-8-1883
9. AGE (last birthday): 78
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): RET CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: JOE SHOOK
13b. MOTHER'S MAIDEN NAME: MARY ANN CALLAWAY
14. NAME OF HUSBAND OR WIFE:
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.: —
17. INFORMANT: JOE SHOOK — Address: SPOKANE, WASH.

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): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 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): Hyperplasia of Prostate, Duodenal Ulcer with Hemorrhage
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 14, 1961 to 26 Aug 62 and last saw ~~her~~ him alive on 26 Aug 62
Death occurred at 715 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: G C Callaway — (Degree or Title): M D
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 29 Aug 62
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 1-26-1962
23c. NAME OF CEMETERY OR CREMATORY: BAPTIST
23d. LOCATION (City, town, or county): CONWAY — (State): MO
24. FUNERAL DIRECTOR: BARBER-EDWARDS — ADDRESS: MARSHFIELD
25. DATE RECD. BY LOCAL REG.: 9-4-62
26. REGISTRAR'S SIGNATURE: Effie L. Meeton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0397		
2	0397 2		
3			
4	0		
5	3		
6			
7	0		
8	2		
9	446X		
10			
11			
12	5-0		
13			

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address [illegible]

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.

Permit Issued 8-26-65