

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004859

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 4506 Registrar's No. 4436

DO NOT WRITE ON THIS STUB

AMENDED

<p>FILED JAN 29 1963</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Stoddard</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Essex</u> Length of stay in 1b <u>67 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u></p> <p>c. CITY OR TOWN <u>Essex</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED First Middle Last <u>Lawrence NMI Shoaf</u></p>			<p>4. DATE OF DEATH <u>January 19, 1963</u> Month Day Year</p>		
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-9-1879</u></p>	<p>9. AGE (last birthday) <u>83</u> Months Days Hours Min.</p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (retired)</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Oakland City, Ind.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>John Shoaf</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>unknown</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Cordia Shoaf</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u> <u>X X X X X</u>)</p>		<p>16. SOCIAL SECURITY NO. <u>X X X X X</u></p>	
<p>17. INFORMANT <u>Cordia Shoaf</u> Address <u>Essex, Missouri</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u>)</p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>14 years</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>		<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			
<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>					
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>Oct 1948</u> to <u>Jan 18 1963</u> and last saw her alive on <u>Jan 18 1963</u>. Death occurred at <u>11:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <u>J. Waddle MD</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Dexter, Mo</u></p>		<p>22c. DATE SIGNED <u>Jan 21 1963</u> (State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u></p>		<p>23b. DATE <u>1-22-63</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Triplet Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Dexter, Mo. Rural</u></p>		<p>24. FUNERAL DIRECTOR ADDRESS <u>Watkins & Sons</u> <u>Dexter, Mo.</u></p>			
<p>25. DATE RECD. BY LOCAL REG. <u>1-26-63</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Donis Leggett</u></p>			

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.