

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18694

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township S. Cassville Primary Registration District No. 5440 Registered No. 441
 or SPRINGFIELD
 (c) City SPRINGFIELD (d) Street No. MEDICAL CENTER FOR FEDERAL PRISONERS St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 2 mos. 21da. (f) How long in U. S., if of foreign birth? 21 yrs. 5 mos. 20 da.

2. PRINT FULL NAME SHOUSE, Russell

(a) Residence, No. _____ St. Catoosa, Oklahoma
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
21 - 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Catoosa, Okla.
 (STATE OR COUNTRY) Oklahoma.

13. NAME Charlie Shouse

14. BIRTHPLACE (CITY OR TOWN) Catoosa,
 (STATE OR COUNTRY) Oklahoma.

15. MAIDEN NAME Linnie Baker

16. BIRTHPLACE (CITY OR TOWN) Horwood,
 (STATE OR COUNTRY) Missouri

17. INFORMANT Deceased
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catoosa, Okla. DATE 5-29-39 19__

19. FUNERAL DIRECTOR (NAME) A. Lohmeyer Funeral Home
 (ADDRESS) Springfield, Missouri

20. FILED 5-29 1939 Chas a. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939, to May 27, 1939

I last saw him alive on May 27, 1939. Death is said to have occurred on the date stated above, at 9:15pm.
 The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Rheumatic Heart disease, mitral insufficiency</u>	<u>1935</u>
<u>Auricular Fibrillation</u>	<u>"</u>
<u>Hypertrophy and dilatation of the heart</u>	<u>"</u>

Other contributory causes of importance:

Rheumatic fever 1922

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? None
Laboratory

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. L. Wilson, P.A. Surgeon, _____ M. D.

(Address) Clinical Director, MOPE
Springfield, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.