

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4117**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **271**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon-Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Richard	b. (Middle) Dele	c. (Last) Shores	4. DATE OF DEATH (Month) March (Day) 4 (Year) 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 1, 1936	9. AGE (In years last birthday) 12 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oregon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Franklin Shores	13b. MOTHER'S MAIDEN NAME Lucy Melvina Hughes	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James Franklin Hughes ADDRESS Oregon, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetanus		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Puncture wound right thigh DUE TO (c)		13 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		69020 69020	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home	21c. (CITY, TOWN, OR TOWNSHIP) Oregon (COUNTY) Holt (STATE) Mo
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21d. TIME OF INJURY (Month) 2 (Day) 19 (Year) 49 (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped & fell on ice	44
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22. I hereby certify that I attended the deceased from **Feb. 27, 1949**, to **March 4, 1949**, that I last saw the deceased alive on **Mar 4, 1949**, and that death occurred at **9:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. P. Senior, M.D., U	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 3-5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Fillmore	24d. LOCATION (City, town, or county) (State) Filmore, Missouri
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DATE REC'D BY LOCAL REG. Mar. 9, 1949	REGISTRAR'S SIGNATURE M. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE James J. Pitts ADDRESS Oregon Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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
Student Embalmer

Signed

James H. Pittsford

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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 this body is not embalmed, fact should be so stated above.