

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29371

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 979

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>28 years</b>		d. STREET ADDRESS (If rural, give location) <b>3000 Miller Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3000 Miller Ave.</b>			
3. NAME OF DECEASED a. (First) <b>William</b>		b. (Middle) <b>K.</b>	
c. (Last) <b>Shores</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>September 4, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 23, 1897</b>
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during the 2 weeks preceding life, even if retired) <b>Retired Shoe Repairman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cosmopolitan Shoe repairing</b>	
11. BIRTHPLACE (State or foreign country) <b>Co. Corinth, Greece.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Constantine Shores</b>		13b. MOTHER'S MAIDEN NAME <b>Theone Raftis</b>	
14. NAME OF HUSBAND OR WIFE <b>Lillian Shores</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillian Shores</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Parkinsons Disease (severe and advanced)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Terminal Bronchopneumonia</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>11 years</b>		<b>350X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>10 April, 1949</b> , to <b>4 Sept.</b> , 1949, that I last saw the deceased alive on <b>4 Sept.</b> , 1949, and that death occurred at <b>2:15 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Thompson P. Potter</b>		23b. ADDRESS <b>731 Faraday St. St. Joseph, Mo.</b>	
23c. DATE SIGNED <b>6 Sept. 49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 6, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>Sept 12, 1949</b>		REGISTRAR'S SIGNATURE <b>L. E. Jenkins</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Meierhoff</b>		ADDRESS <b>1046 Colhoun St. St. Joseph, Mo.</b>	

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 \*\*\*\*\* \*\*

\*\*\*\*\* \*\*\*\*\* \* \*\*\*\*\* Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student \*\*\*\*\*  
Student Embalmer

Signed Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.