

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32950

State File No. \_\_\_\_\_

FILED OCT 20 1949

BIRTH NO. 174-49 REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107 Registrar's No. 39

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

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>White Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White</u>	
c. LENGTH OF STAY (in this place) <u>wife</u>		d. STREET ADDRESS (If rural, give location) <u>2-m-w of Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2-m-w of Lincoln</u>			
3. NAME OF DECEASED a. (First) <u>Thelma</u>		b. (Middle) <u>Marghette</u>	
c. (Last) <u>Shobe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan-10-1949</u>
9. AGE (In years last birthday) <u>0</u>	10. UNDER 1 YEAR (Months) <u>9</u>	11. UNDER 24 HRS. (Days) <u>0</u>	12. UNDER 24 HRS. (Hours) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Clarence Bradshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Marghette Shobe</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marghette Shobe</u>		ADDRESS <u>Lincoln</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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) <u>Benton, Mo</u>			
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 <u>never</u> , 19 <u>—</u> , to <u>never</u> , 19 <u>—</u> , that I last saw the deceased alive on <u>never</u> , 19 <u>—</u> , and that death occurred at <u>3:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. W. Moreshead, M.D.</u>		23b. ADDRESS <u>Cole Camp Mo</u>	
23c. DATE SIGNED <u>10-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/11/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Vincent</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Co. Mo.</u>	
DATE RECD BY LOCAL REG. <u>Oct 10, 1949</u>		REGISTRAR'S SIGNATURE <u>E. K. Eickhoff</u> 394	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Ouse</u>		ADDRESS <u>Waraw</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 9-49-128

Date Filed 10-19-49

**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 Jack Kuster

Licensed Embalmer No. 4643

P. O. Address Warsaw 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.