

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1949

State File No. _____

S. No. 300
V. 10-48

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5336</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center Twp</u>		c. LENGTH OF STAY (In this place) <u>2 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. N.W. of Greenfield.</u>				d. STREET ADDRESS (If rural, give location) <u>502 W. College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>		b. (Middle) <u>Florence</u>		c. (Last) <u>SHOUSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6, 1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept. 22, 1875</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Cavenee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ridall</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Shouse</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Myrl Erisman, Greenfield, Mo.</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, asphyxia, 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>Cancer of Kidney</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>180X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>7-1</u> , 1949, to <u>10-6</u> , 1949, that I last saw the deceased alive on <u>Oct 5</u> , 1949, and that death occurred at <u>11:30A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. C. Canada M.D.</u>				23b. ADDRESS <u>Greenfield, Mo.</u>		23c. DATE SIGNED <u>10-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-11-49</u>		REGISTRAR'S SIGNATURE <u>Geo L Weir</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada, Greenfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED OCT 17 1949

District Health Office No. 6,

District File Number 1049-1166

Date Filed 10-31-49

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.