

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 169

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>4 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	<u>0104</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schmidt Convalescent Home</u>		d. STREET ADDRESS (If rural, give location) <u>505 Rogers St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Goff</u> c. (Last) <u>Shock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 19 1862</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Formerly a teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTHPLACE (State or foreign country) <u>Wright City Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Goff</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Shock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>RA Long</u>		ADDRESS <u>Columbia 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, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia</u>			<u>5 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive</u>			
DUE TO (c) <u>Arterio-sclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			<u>324X</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) (Minute) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>Dec-30, 1949</u> , to <u>Jan-1, 1949</u> , that I last saw the deceased alive on <u>Dec-30 1949</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Suggs M.D.</u>		23b. ADDRESS <u>Columbia Mo</u>	
23c. DATE SIGNED <u>1-2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-1-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan. 2, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. D. W. [Signature]</u>	
ADDRESS <u>310 [Address]</u>		ADDRESS <u>Columbia Mo</u>	

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

RECEIVED JAN 10 1950
District Health Officer No. 9,
District File Number

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, ~~of~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lynnan H. Spunk*
Licensed Embalmer No. *4013*
P. O. Address *Columbia, Md.*

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.