

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1552

FILED JAN 30 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 7

0490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Scotland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Scotland	
c. LENGTH OF STAY (If applicable) 71 Yrs.		5470	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin Hosp - Rural		d. STREET ADDRESS (If rural, give location) Joplin Hosp - rural	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Allie c. (Last) Shuey			4. DATE OF DEATH (Month) (Day) (Year) Jan 8, 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 10, 1878		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 2 Days 29		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown			10b. KIND OF BUSINESS OR INDUSTRY Unknown			11. BIRTHPLACE (State or foreign country) Scotland, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Vertie Shuey		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vertie Shuey, Scotland 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Peters sclerotic heart disease</i>  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.						INTERVAL BETWEEN ONSET AND DEATH  4200	
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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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from Aug 1948, to June 29, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Deponent or title) <i>H. White</i>		23b. ADDRESS <i>Joplin Mo</i>		23c. DATE SIGNED 1-13-50	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 1-10-1950		24c. NAME OF CEMETERY OR CREMATORY Osborne Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Mo.	
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DATE REC'D BY LOCAL REG. JAN 19-50		REGISTRAR'S SIGNATURE <i>P.L. Hutchins</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo.	
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RECEIVED 1-25-50  
Jasper County Health Office

County File Number 50-1-28

Date Filed 1-28-50

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jasper 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.