

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11655**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **387**

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>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fillmore</b>	
c. LENGTH OF STAY (in this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1006 Dewey, Parkview Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) <b>William</b> c. (Last) <b>Shores</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-15-1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 11, 1860</b>
9. AGE (in years) (Month) (Day) (Year) <b>91</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>	
11. BIRTHPLACE (State or foreign country) <b>Cass County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Shores</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Nancy Jane Proffitt</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Calvin E. Shores Jr. Fillmore 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>Broncho Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	
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) (Min.)		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>4 Nov -</b> , 19 <b>50</b> , to <b>15 March</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>15 March</b> , 19 <b>51</b> , and that death occurred at <b>5:10A m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Arnold Steing</b>		23b. ADDRESS <b>520 Francis St. Joseph Mo</b>	
23c. DATE SIGNED <b>15 March 51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3/17/1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fillmore Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Fillmore, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dean Cole, Savannah, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>April 13, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl G. Crutcher</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

01174

No. 300  
10-48

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**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.

Signed \_\_\_\_\_

*Victor Bassy*

Signed.....

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4212*

P. O. Address \_\_\_\_\_

*27 Joseph ma*

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.