

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23333

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 44

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Shelby</i>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Shelby Co.</i> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Shelbina</i> |  | c. CITY (If outside corporate limits, write RURAL and give township) <i>Shelbina</i>  |  |
| c. LENGTH OF STAY (in this place) <i>4 months</i>                                    |  | d. STREET ADDRESS (If rural, give location) <i>1020</i>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ernest Gupston - Residence</i>            |  |   |  |

|   |  |  |  |
|---|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <i>SALLIE</i> b. (Middle) <i>ELIZABETH</i> c. (Last) <i>SHOFSTALL</i> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><i>May 22 - 1952</i> |
|---|--|--|--|

|                 |                           |   |  |   |  |                                       |                               |
|-----------------|---------------------------|---|--|---|--|---------------------------------------|-------------------------------|
| 5. SEX <i>F</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> | 8. DATE OF BIRTH <i>July 14 - 1860</i> | 9. AGE (In years) (last birthday) <i>91</i> | 10. IF UNDER 1 YEAR (Months) <i>10</i> | 11. IF UNDER 24 HRS. (Hours) <i>8</i> | 12. IF UNDER 60 MINS. (Mins.) |
|-----------------|---------------------------|---|--|---|--|---------------------------------------|-------------------------------|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Homekeeper</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>K</i> | 11. BIRTHPLACE (State or foreign country) <i>Knox County, Missouri</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
|---|--|--|--|

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|---|--|---|
| 13a. FATHER'S NAME <i>Shelton L. Dodd</i> | 13b. MOTHER'S MAIDEN NAME <i>Sophronia</i> | 14. NAME OF HUSBAND OR WIFE <i>Earl Orlan Shofofall</i> |
|---|--|---|

|  |                                     |   |                             |
|--|-------------------------------------|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>—</i> | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. E Gupston</i> | ADDRESS <i>Shelbina Mo.</i> |
|--|-------------------------------------|---|-----------------------------|

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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 days</i> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho Pneumonia</i>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Hypertensive heart disease</i><br>DUE TO (c) <i>Similarity</i> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>May 22, 1952 10:00 AM</i> | 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 *Jan 26, 1952* to *May 22, 1952*, that I last saw the deceased alive on *May 22, 1952* and that death occurred at *12:00 P.M.*, from the causes and on the date stated above.

|                                       |                               |                                   |                                 |
|---------------------------------------|-------------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <i>Joseph H. Tomer</i> | (Degree or title) <i>D.O.</i> | 23b. ADDRESS <i>Shelbina, Mo.</i> | 23c. DATE SIGNED <i>5/22/52</i> |
|---------------------------------------|-------------------------------|-----------------------------------|---------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i> | 24b. DATE <i>May 25 - 1952</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Prairie</i> | 24d. LOCATION (City, town, or county) (State) <i>Shelby County, Mo.</i> |
|---|--------------------------------|--|---|

|   |   |     |   |                          |
|---|---|-----|---|--------------------------|
| DATE REC'D BY LOCAL REG. <i>6-14-52</i> | REGISTRAR'S SIGNATURE <i>Ada Harrison</i> | 419 | 5. FUNERAL DIRECTOR'S SIGNATURE <i>Keith Hudson</i> | ADDRESS <i>Edina Mo.</i> |
|---|---|-----|---|--------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

1020  
1

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Keith Hudson

Signed.....  
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

**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.