S. No. 300
v. 10.48

SEP 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27700

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 65

0380

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry, Mo. 0380
d. STREET ADDRESS (If rural, give location): 409 N. Park

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs. Susan b. (Middle): Mary Shapley c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept 12 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Clyde, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: John Nathman
13b. MOTHER'S MAIDEN NAME: Anna B. Richards
14. NAME OF HUSBAND OR WIFE: Ernest S. Shapley

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Bertha Jackson Stanberry, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic Insufficiency
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis.
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4 2.11
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1952, *to* Sept 1, 1952, *that I last saw the deceased alive on* Sept 1, 1952, *and that death occurred at* 12.45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul C. Musselman DO
23b. ADDRESS: Stanberry Mo
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/3/52
24c. NAME OF CEMETERY OR CREMATORY: St. Columba
24d. LOCATION (City, town, or county) (State): Conception, Mo.

DATE REC'D BY LOCAL REG.: Sept 4-52
REGISTRAR'S SIGNATURE: Maude Williams 4-2-6
25. FUNERAL DIRECTOR'S SIGNATURE: Latoy V. Phillips
ADDRESS: Stanberry MO

(Licensed Embalmer's Statement on Reverse Side)

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 Latoy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stockton, 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.