

No. 300
10.48

FILED SEP 8 - 1952

STANDARD CERTIFICATE OF DEATH

State File No. **28677**

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 210

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

1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION McLarney Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Linn

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdin

d. STREET ADDRESS (If rural, give location) 8550

3. NAME OF DECEASED

a. (First) Cora b. (Middle) Louisa c. (Last) Shouse

4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 52

5. SEX fe **6. COLOR OR RACE** w **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married

8. DATE OF BIRTH March 11, 1881 **9. AGE** (In years, last birthday) 71 **IF UNDER 1 YEAR** Months 0 Days 0 **IF UNDER 6 HRS.** Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work in which most of working life, even if retired) housewife **10b. KIND OF BUSINESS OR INDUSTRY** Home

11. BIRTHPLACE (State or foreign country) Missouri **12. CITIZEN OF WHAT COUNTRY?** U

13a. FATHER'S NAME John Phillip Grossarth **13b. MOTHER'S MAIDEN NAME** Sarah Wilson **14. NAME OF HUSBAND OR WIFE** Robert G. Shouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ **16. SOCIAL SECURITY NO.** ----- **17. INFORMANT'S SIGNATURE OR NAME** Robert G. Shouse **ADDRESS** Purdin, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident **INTERVAL BETWEEN ONSET AND DEATH** 3 wks.

ANTECEDENT CAUSES Generalized arteriosclerosis **15 years**

**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

II. OTHER SIGNIFICANT CONDITIONS Hypostatic Pneumonia **3 days**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **DUE TO (b)** *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 331X **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) _____ **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 Dec. 7, 1947, to Aug 28, 1952, that I last saw the deceased alive on Aug 28, 1952, and that death occurred at 2:25 Am., from the causes and on the date stated above.

23a. SIGNATURE R. W. Bohrsch (Degree or title) MD **23b. ADDRESS** 211 Linn Brookfield **23c. DATE SIGNED** 8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Aug. 30, 52 **24c. NAME OF CEMETERY OR CREMATORY** Purdin Cem **24d. LOCATION** (City, town, or county) (State) Purdin Mo.

DATE REC'D BY LOCAL REG. 9-4-52 **REGISTRAR'S SIGNATURE** Nadine Stambach **25. FUNERAL DIRECTOR'S SIGNATURE** Wade **ADDRESS** Browning, Mo

(Licensed Embalmer's Signature) Wade

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

Gerald I Wade

Signed.....
Student Embalmer

Licensed Embalmer No. *4172*

P. O. Address *Browning 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.