

FILED JAN 19 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2150

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 304a Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe 05-92	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 East Polk Street		d. STREET ADDRESS (If rural, give location) 204 East Polk Street	
3. NAME OF DECEASED (Type or Print) a. (First) Audry b. (Middle) J. c. (Last) Shobe			4. DATE OF DEATH (Month) (Day) (Year) January 16 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 27, 1892
9. AGE (In years last birthday) 61		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Pensioner	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army
11. BIRTHPLACE (State or foreign country) Galt, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Oliver Shobe		13b. MOTHER'S MAIDEN NAME Nettie Johnson	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Shobe; 204 E. Polk; Chillicothe, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuber Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		490X	
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 <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 16, 1953, to _____, 19____, that I last saw the deceased alive on Jan 16, 1953 and that death occurred at 7:50 P. M., from the causes and on the date stated above.			
23a. SIGNATURE M. L. Bennett D.O.		23b. ADDRESS Chillicothe, Mo	
23c. DATE SIGNED 1-17-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-19-53	
24c. NAME OF CEMETERY OR CREMATORY Edgewood		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri	
DATE REC'D BY LOCAL REG. 1-17-53		REGISTRAR'S SIGNATURE 1717 Francis B. Neill	
25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home		ADDRESS Chillicothe, Mo.	

JAN 28 1958

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 Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.