

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6549

State File No. 212738

FILED FEB 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 10 205

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	c. LENGTH OF STAY (In this place) 8 YRS	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	0495
d. FULL NAME OF HOSPITAL OR INSTITUTION 605 GRAY		d. STREET ADDRESS (If rural, give location) 605 GRAY	

3. NAME OF DECEASED (Type or Print) a. (First) AUDIE b. (Middle) ALLEN c. (Last) SHOOK			4. DATE OF DEATH (Month) (Day) (Year) FEB 21, 1953		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB 22, 1910	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER	10b. KIND OF BUSINESS OR INDUSTRY LEAD & ZINC	11. BIRTHPLACE (State or foreign country) BATESVILLE, ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME HOSIE SHOOK	13b. MOTHER'S MAIDEN NAME LENA POOL	14. NAME OF HUSBAND OR WIFE --	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK	16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME EARNIE SHOOK, 1817 MISSOURI, JOPLIN		ADDRESS	
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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) Cirrhosis of liver  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) 5810			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Mo.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept. 1951, to Jan. Feb. 1953, that I last saw the deceased alive on Feb. 6, 1953, and that death occurred at 8:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Blair M. Phelps M.D.	(Degree or title)	23b. ADDRESS 607 Frisco Bldg., Joplin, Mo.	23c. DATE SIGNED Feb. 21, '53
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 2-23-53	24c. NAME OF CEMETERY OR CREMATORY G.A.R. CEMETERY	24d. LOCATION (City, town, or county) (State) MIAMI, OKLAHOMA
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DATE REC'D BY LOCAL REG. 2-21-53	REGISTRAR'S SIGNATURE Blair M. Phelps	138	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-24-53  
Jasper County Health Office

County File Number 53/2/198

Date Filed 2-25-53

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.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.