

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19667
130

State File No.

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Saint Charles 0923				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles 0923		d. STREET ADDRESS (If rural, give location) Box 204	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital				d. STREET ADDRESS (If rural, give location) Box 204			
3. NAME OF DECEASED (Type or Print) Orville R. Shoaf			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1953				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2, 1900		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY produce		11. BIRTHPLACE (State or foreign country) Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Shoaf		13b. MOTHER'S MAIDEN NAME Grace Harrison		14. NAME OF HUSBAND OR WIFE Allene Potter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 337-09-2933		17. INFORMANT'S SIGNATURE OR NAME Mrs. Orville Shoaf, St. Charles, 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) Automobile Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed chest 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 400				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Charles Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) 6-5-53		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? automobile accident Ran into Truck			
22. I hereby certify that I am a duly licensed and qualified person, and that I am satisfied from 6/8/53, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 pm, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Marie M. Wentz				23b. ADDRESS		23c. DATE SIGNED June 8, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
DATE REC'D BY LOCAL REG. June 9 1953		REGISTRAR'S SIGNATURE Francis Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE J.C. Dallmeyer		ADDRESS St. Charles, Mo.	

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

JUN 10 1953

JUN 4 1963

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 *Frank R. Amalona*

Licensed Embalmer No. *4834*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.