

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

25794

State File No. ....

FILED JUL 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4377 Registrar's No. 138

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Nodaway</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Quitman</u> c. LENGTH OF STAY (in this place) <u>29 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quitman</u> d. STREET ADDRESS (If rural, give location) <u>none</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>EDMOND LUTHER SHORES</u> a. (First) b. (Middle) c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7 20 53</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>8/12/84</u>	<b>9. AGE</b> (In years last birthday) <u>68</u>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 4 HRS.</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Railroad employee</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>North Carolina</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>James Shores</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Letha Harris</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Blanche Shanklin Shores</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Ed Shores, Quitman, Missouri</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cancer of the Liver.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Leukemia</u> DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>several years</u>  <u>3</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>2044</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from July 16, 1953, to July 20, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at 1:50P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>W. R. Pitcomb, D.O.</u>	<b>23b. ADDRESS</b> <u>Skidmore, Missouri</u>	<b>23c. DATE SIGNED</b> <u>7-22-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>7/23/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Quitman</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Quitman, Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>7-25-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Bess Holt</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>
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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 Clara M. Pisci.....

Licensed Embalmer No. 1822.....

P. O. Address Maryville 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.