

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29464

State File No.

FILED SEP 10 1953

BIRTH NO. _____

REG. DIST. NO. 256

PRIMARY REG. DIST. NO. 5878

Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton rural Woodside</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton-- Woodside</u>	
c. LENGTH OF STAY (In this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS _____	
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> b. (Middle) <u>MAY</u> c. (Last) <u>SHEHORN</u>			4. DATE OF DEATH <u>August 15, 1953</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 11, 1881</u>
9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon Co., Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Christopher Millisap</u>		13b. MOTHER'S MAIDEN NAME <u>Credelia Bore</u>	14. NAME OF HUSBAND OR WIFE <u>John A. Shehorn, dec.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amy Weaver,</u> ADDRESS <u>Alton, Mo.</u>
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) <u>C. anoxias of lungs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hyperplasia heart Anox</u> DUE TO (c) <u>acute Myocardial failure</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH _____	
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 <u>Jan 1952</u> , to <u>Aug 15, 1953</u> , that I last saw the deceased alive on <u>Aug 15, 1953</u> , and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Cooper M.D.</u>		23b. ADDRESS <u>Shaver, Mo.</u>	23c. DATE SIGNED <u>Aug 20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>August 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Alton Oregon Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 5-53</u>	REGISTRAR'S SIGNATURE <u>Mo W Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shaver, Mo.</u> ADDRESS _____	

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

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STATEMENT BY LICENSED EMBALMER

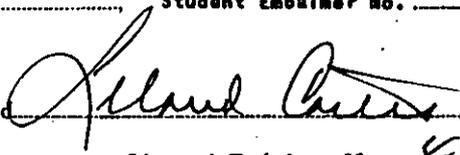
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 45716

P. O. Address Shreveport, La.

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.