

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41825**

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6137** Registrar's No. **264**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY OR TOWN Winona c. LENGTH OF STAY (in this place) 2 Yr		c. CITY OR TOWN Winona, Mo d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rt. 1, Winona, Mo.		e. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) Simon b. (Middle) Peter c. (Last) Shoup			4. DATE OF DEATH (Month) (Day) (Year) 11-26-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber man		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James K. Shoup	13b. MOTHER'S MAIDEN NAME Arma Parr	14. NAME OF HUSBAND OR WIFE Amanda Shoup
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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) Unknown	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Amanda Shoup, Winona, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot gun wound in left chest		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Worry over health) DUE TO (c) Bright's disease &		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		feats	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION E976x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eminence township Shannon, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-26-53 .m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self in flight

22. I hereby certify that I attended the deceased from **6-6-1952**, to **11-24-1953**, that I last saw the deceased alive on **11-24-1953**, and that death occurred at **3:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Trigfus F. Wilson	(Degree or title) Coroner	23b. ADDRESS Eminence Mo	23c. DATE SIGNED 12-1-53
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 11-29-53	24c. NAME OF CEMETERY OR CREMATORY Kern Chapel	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo
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DATE REC'D BY LOCAL REG. 12-7-53	REGISTRAR'S SIGNATURE M. Lee Ransom	447	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch	ADDRESS Poplar Bluff Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1010

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.....
Signature of Student Embalmer

Signed *Wallace N. Fitch*.....

Licensed Embalmer No. *3859*.....

P. O. Address *Poplar Bluff, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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