

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9227**  
Registrar's No. **3**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **165** PRIMARY REG. DIST. NO. **4610**

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY OR TOWN <b>Rural, KNOBOSTER, T.S.</b>		c. CITY OR TOWN <b>R.R. #1, Greenridge,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 Years</b>		e. STREET ADDRESS (If rural, give location) <b>Rural, R.R.#1, Greenridge, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>SHELLEY</b>	c. (Last) <b>STREET</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 9th. 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 18, 1886</b>	9. AGE (In years last birthday) <b>98</b>	IF UNDER 1 YEAR Months <b></b> Days <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer,</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming,</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Worth County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Able Street,</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Bradey</b>	14. NAME OF HUSBAND OR WIFE <b>Alameda Street,</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Street, Warrensburg, Missouri</b>	ADDRESS <b>Warrensburg, Missouri</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	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)	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 **1-1, 1953** to **3-9, 1954**, that I last saw the deceased alive on **3-9, 1954**, and that death occurred at **12:15Pm.**; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. Lee Cooper M.D.</b>	23b. ADDRESS <b>Warrensburg, Missouri</b>	23c. DATE SIGNED <b>3-10-1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 11th. 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Centerview Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>Centerview, Missouri, Johnson Co.</b>
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DATE REC'D BY LOCAL REG. <b>3-17-1954</b>	REGISTRAR'S SIGNATURE <b>Mamie O. Haskew</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>RAV Brauning</b>	ADDRESS <b>Warrensburg, Missouri.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

