

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>CLINTON</b>	
b. CITY OR TOWN <b>Cameroon</b>		c. CITY OR TOWN <b>Cameroon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 da</b>		e. STREET ADDRESS (If rural, give location) <b>308 W Prospect</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Paradise Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophia</b> b. (Middle) <b>DELL</b> c. (Last) <b>SHOAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 20 - 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov 27 - 1874</b>	9. AGE (In years last birthday) <b>79</b>	10. UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PAIDWELL Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>

13a. FATHER'S NAME <b>James Henry Cross</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Annish Clewinger</b>		14. NAME OF HUSBAND OR WIFE <b>John Rankin Sloen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Man Walter Pyle Cameroon</b> ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> <b>Coronary Thrombosis</b> <b>Generalized Atherosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>uremia</b> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>2 months</b> <b>15 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>uremia</b>			<b>2 months</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331 X.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **9-5**, 19**54**, to **9-20**, 19**54**, that I last saw the deceased alive on **9-20**, 19**54**, and that death occurred at **10:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G F Netherston MD</b>		23b. ADDRESS <b>Cameroon Mo</b>		23c. DATE SIGNED <b>9-20-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graceland cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Cameroon Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Poland Funeral Home</b>		ADDRESS <b>Cameroon</b>	
DATE REC'D BY LOCAL REG. <b>9-28-54</b>		REGISTRAR'S SIGNATURE <b>Wimifred W. Moore</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

MAR 1 1963

MAR 6 1963

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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.....  
Signature of Student Embalmer

Signed *Robert F. Polak*.....

Licensed Embalmer No. *477*.....  
*222*

P. O. Address *B...*

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.