

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36437

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico RURAL SALT RIVER 3 MO		c. CITY OR TOWN Mexico	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 RFD #2,		e. STREET ADDRESS (If rural, give location) RFD #2, Mexico	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Johnson c. (Last) Shores			4. DATE OF DEATH (Month) (Day) (Year) Nov 11, 1954		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 2, 1871		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Wm. J. Shores		13b. MOTHER'S MAIDEN NAME Vie Stagdale		14. NAME OF HUSBAND OR WIFE Mrs. Wm. J. Shores	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 486-30-9725		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. J. Shores RFD, Mexico, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) Chronic Coronary Arteriosclerosis			
		DUE TO (c) Diabetes Mellitus			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Diabetes			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 **Nov 10, 1954** to **Nov 11, 1954**, that I last saw the deceased alive on **Nov 11, 1954**, and that death occurred at **2:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Wingerd, M.D.		23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 11-11-54	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-12-54		24c. NAME OF CEMETERY OR CREMATORY Chapel Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) Clark, Missouri	

DATE REC'D BY LOCAL REG Nov-13-1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUNERAL HOME, MEXICO, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Richard Y. Malone*.....

Licensed Embalmer No. *482*.....

P. O. Address *Mexico*.....

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.