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FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14956

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (In this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>LAWSON</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>EXCELSIOR SPRINGS HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>NONE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) _____ c. (Last) <u>SHOUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 6, 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEDICINE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLAY CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>J. O. SHOUSE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DAGLEY</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE R. SHOUSE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CARRIE SHOUSE, LAWSON, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary disease</u>		ANTECEDENT CAUSES			<u>sw. hours</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>sw. yrs.</u>
		DUE TO (b) <u>Coronary insufficiency</u>			<u>18 yrs.</u>
		DUE TO (c) <u>H.A.V. Blocks</u>			<u>years.</u>
		II. OTHER SIGNIFICANT CONDITIONS			<u>years.</u>
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive & arteriosclerosis</u>			<u>years.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H201</u>			ED. 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 5-2 1955, to 5- 1955, that I last saw the deceased alive on 5-4 1955 and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. Robinson</u> (Degree or title)		23b. ADDRESS <u>Excelsior Springs, Mo</u>		23c. DATE SIGNED <u>5-5-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-5-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAWSON</u>		24d. LOCATION (City, town, or county) (State) <u>LAWSON, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>5/14/55</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Lawson, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 14 1958

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.....
Lindell K. Jarman

Licensed Embalmer No. *458*
P. O. Address.....
Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.