

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25013**

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4496** Registrar's No. **62**

1020
4

1220
0

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| 1. PLACE OF DEATH a. COUNTY Shelby County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leonard, Mo. | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Plesant Hill Rest Home | | d. STREET ADDRESS (If rural, give location) X | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) VIRGINIA | b. (Middle) MAY | c. (Last) SHORES | 4. DATE OF DEATH (Month) (Day) (Year) 8-1-1955 |
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|-------------------------|----------------------------------|--|--------------------------------------|--|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 7-29-1875 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 0 | IF UNDER 1 YEAR Days 2 | IF UNDER 1 HRS. Hours 0 | IF UNDER 1 HRS. Min. 0 |
|-------------------------|----------------------------------|--|--------------------------------------|--|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household | 10b. KIND OF BUSINESS OR INDUSTRY Same | 11. BIRTHPLACE (State or foreign country) Shelby Co., Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Ruben Bourne | 13b. MOTHER'S MAIDEN NAME Margaret Vanosdall | 14. NAME OF HUSBAND OR WIFE Deceased |
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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) No | 16. SOCIAL SECURITY NO. X | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elva Steffenville Steffenville | ADDRESS Steffenville |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerosis (general) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 7 |
| | II. OTHER SIGNIFICANT CONDITIONS Possibly old hip fracture Conditions contributing to the death but not related to the disease or condition causing death. | | 7 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4500 F | 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 **June 27, 1955**, to **Aug 1**, 1955, that I last saw the deceased alive on **July 31, 1955**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) P. G. Wheeler M.D. | 23b. ADDRESS Shelbyville Mo | 23c. DATE SIGNED 8-8-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-3-1955 | 24c. NAME OF CEMETERY OR CREMATORY Leonard Cmty. | 24d. LOCATION (City, town, or county) (State) Leonard, Mo. |
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| DATE REC'D BY LOCAL REG. 8-13-55 | REGISTRAR'S SIGNATURE Ada Garrison | 419 | 25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins | ADDRESS Shelbina Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed.....

W. H. ...

Licensed Embalmer No.

3498

P. O. Address.....

Stillman, N.J.

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