

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20001

State File No.

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>	c. LENGTH OF STAY (In this place) <u>1 wk</u>	c. CITY OR TOWN <u>Versailles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Sen. Delaney</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) <u>JOHN</u> c. (Last) <u>SHOSTROM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1956</u>
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5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 16, 1884</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 28 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Center, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Shostrom</u>	13b. MOTHER'S MAIDEN NAME <u>no record</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Bonnie Shostrom</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Bonnie Shostrom</u> ADDRESS <u>Versailles, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism of Rt. Popliteal artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aortic valve vegetation</u>		<u>3 weeks</u>
	DUE TO (c) <u>Calcific aortic stenosis</u>		<u>11 1/2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Infarction Rt. kidney</u>			<u>2 days</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY: YES <input checked="" type="checkbox"/> NO <input 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) _____ m.	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 28, 1956 to July 7, 1956, that I last saw the deceased alive on July 7, 1956, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Whinn, M.D.</u> (Degree or title)	23b. ADDRESS <u>Boonville, Mo.</u>	23c. DATE SIGNED <u>7/7/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/9/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/9/56</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Shaker</u> ADDRESS <u>Boonville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9561 OF 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Berry W. Haer

Licensed Embalmer No. *39*

P. O. Address *Boonville*

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