

STANDARD CERTIFICATE OF DEATH

4408

STATE FILE NUMBER

FILED MAR 11 1957

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>		
b. CITY (If not in hospital, give location) OR TOWN <b>Springfield</b>		TOWNSHIP (If not in hospital, give location) <b>North Campbell</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Springfield</b> <b>0396</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.#6, Spfg., Mo.</b>		Length of stay in lb <b>3 yrs.</b>	d. STREET ADDRESS <b>R.#6, Spfg., Mo.</b>		(If outside, give location) <b>0</b>
3. NAME OF DECEASED (Type or print) <b>BENJAMIN SHOUSE</b>			First <b>BENJAMIN</b>	Middle <b>SHOUSE</b>	Last <b>SHOUSE</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b> <b>0</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 6, 1887</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Dade County, Mo. 0.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Shouse</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Dora Shouse</b> <b>R.#6, Spfg., Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>UNATTENDED BY A PHYSICIAN</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Explain nature of injury in Part I or Part II of item 18.) <b>4201</b>				20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I, <b>Edith Williamson</b> , attended the deceased from <b>7:30</b> <b>A.</b> on <b>March 2, 1957</b> and last saw <b>him</b> alive on <b>March 2, 1957</b> at <b>Springfield, Mo.</b> Death occurred at <b>7:30</b> <b>A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Edith Williamson</b>			22b. ADDRESS <b>Drew Co Court House</b>		22c. DATE SIGNED <b>4-3-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 4, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenfield</b>	23d. LOCATION (City, town, or county) <b>Greenfield,</b>		(State) <b>Mo.</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme</b>		ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-4-57</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

APR 3 1957

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.....  
*Lee Mason*

Licensed Embalmer No. 456

P. O. Address Springfield

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.