

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

State File No. **20517**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **4147** Registrar's No. **78**

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Bunceton		c. CITY OR TOWN Bunceton	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 At Home.		STREET ADDRESS (If rural, give location) 0270	
3. NAME OF DECEASED (Type or Print) a. (First) Alma b. (Middle) Bear c. (Last) Shrout.		4. DATE OF DEATH (Month) June (Day) 28 (Year) 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1884
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Bear	
13b. MOTHER'S MAIDEN NAME Mary Morris.		14. NAME OF HUSBAND OR WIFE Fred Shrout.	
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. -----	
17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Shrout, Bunceton, Missouri		ADDRESS	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Ch. Myelogenous Leukemia - 10 yrs INTERVAL BETWEEN ONSET AND DEATH 15 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2041	
20. AUTOPSY? 2 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 Nov. 1, 1944 to June 26, 1957 , that I last saw the deceased alive on June 27, 1957 and that death occurred at 4:45 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE J. C. B. Shrout M.D.		23b. ADDRESS Bunceton, Mo.	
23c. DATE SIGNED June 28		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 30, 1957		24c. NAME OF CEMETERY OR CREMATORY Masonic	
24d. LOCATION (City, town, or county) (State) Bunceton, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	
DATE REC'D BY LOCAL REG. 6/29/57		REGISTRAR'S SIGNATURE D. Hooper	

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... *William W. Wood*

Licensed Embalmer No. 4539.....

P. O. Address Boonville, M.....

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.