

No. 300  
10.48

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27794

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 71

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>clay</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Excelsior Springs</u> )		c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY OR TOWN <u>Excelsior Springs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		STREET ADDRESS (If rural, give location) <u>115 Spring Street</u>	

3. NAME OF DECEASED (Type or Print) <u>REUBEN SHOUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1957</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>May 10, 1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bath House Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bath &amp; Massage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James O. Shouse</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Dagley</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Smith Shouse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-36-8589</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Shouse, 115 Spring, Ex. Springs, Mo.</u>	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>332X</u>	
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 Jan, 1957, to Aug 8, 1957, that I last saw the deceased alive on 8 Aug, 1957, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George C. Anderson M.D.</u> (Degree or title)		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>8-9-57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lawson, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>8/20/57</u>		REGISTRAR'S SIGNATURE <u>Barbara Huestings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Prichard Funeral Home, Inc. Excelsior Springs, Missouri</u>	
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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.....  
Signature of Student Embalmer

Signed *Lindley J. Hamman*

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

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.