

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38828

State File No.

FILED OCT 16 1957

BIRTH NO. _____ REG. DIST. NO. 525 PRIMARY REG. DIST. NO. 6095 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>		
b. CITY OR TOWN <u>Rural - Fabius Twp.</u>		c. LENGTH OF STAY (in table space) <u>All life</u>	c. CITY OR TOWN <u>Downing</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Robert</u>	c. (Last) <u>Shobe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 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>Aug. 1, 1896</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harmoning</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Downing, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Shobe</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie L. Bridges</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Shobe</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Shobe</u> ADDRESS <u>Downing, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>	ANTECEDENT CAUSES				1 hour
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Coronary thrombosis</u>				
	DUE TO (c) <u>Atherosclerosis</u>				<u>year</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				<u>2</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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 <u>9-29-57</u> , 19 <u>57</u> , to <u>9-29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>57</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. R. Stoker</u>		(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Lancaster, Missouri</u>		23c. DATE SIGNED <u>9-30-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 1, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Downing Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 1-57</u>	REGISTRAR'S SIGNATURE <u>W. R. Stoker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>More Funeral Home</u> ADDRESS <u>Downing, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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353
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OCT 22 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 *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis*

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.