

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009728  
Stat. File No. \_\_\_\_\_

FILED APR 7 1958

Registrar's No. 90

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025

04610

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Howell</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Arkansas</p>		b. COUNTY <p style="text-align: center;">Fulton</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">West Plains</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">4 days</p>		c. CITY OR TOWN <p style="text-align: center;">Viola</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Stoll's Serg. Hospital</p>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">HOMER</p>		b. (Middle) <p style="text-align: center;">B.</p>		c. (Last) <p style="text-align: center;">DeSHAZO</p>	
5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	
8. DATE OF BIRTH <p style="text-align: center;">July 3, 1882</p>		9. AGE (In years last birthday) <p style="text-align: center;">75</p>		10. IF UNDER 1 YEAR Months Days Hours Min. <p style="text-align: center;">8 10</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Farm</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Viola, Arkansas</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>					

13a. FATHER'S NAME <p style="text-align: center;">Basil DeShazo</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Sarah Cool</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Rachel E. DeShazo</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">Unknown</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Hazel Crooch Lawton, Okla.</p>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">4 days</p>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u>					
		DUE TO (c) <u>Arteriosclerosis</u>					
		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 <p style="text-align: center;">4221</p>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7-10, 1958, to 3-12, 1958, that I last saw the deceased alive on 3-12, 1958, and that death occurred at 10:00m. from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">B. Stoll M.D.</p>		(Degree or title) <p style="text-align: center;">0</p>		23b. ADDRESS <p style="text-align: center;">West Plains Mo</p>		23c. DATE SIGNED <p style="text-align: center;">3/29/58</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">3/16/58</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Calvary Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Fulton County, Ark.</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">4-2-58</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Beatrice Cook</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">A. J. Perry</p>		ADDRESS <p style="text-align: center;">Salem, Ark.</p>	
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MAR 27 1959

APR 9 1958

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.....  
*Edward Carter*

Licensed Embalmer No... 457

P. O. Address... *Haym...*

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.