

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011126

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u> 0883 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jefferson Ave. Church</u> Length of stay in lb <u>1 hour</u>		d. STREET ADDRESS (If inside, give location) <u>908 St. Charles</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>BERT M. SHOAF</u> First Middle Last		4. DATE OF DEATH <u>March-5-1958</u> Month Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June-13-1891</u>
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer Retired</u>	
11. BIRTHPLACE (City and state or country) <u>Michigan Valley Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Shoaf</u>		14. MOTHER'S MAIDEN NAME <u>Delitha Gruell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-42-1483</u>	
17. INFORMANT <u>Mrs. Bert Shoaf Moberly Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Standstill</u> DUE TO (b) <u>Myocardial fibrosis</u> DUE TO (c) <u>Rheumatic Myocarditis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH <u>10402</u> <u>7</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>415X</u>	
20c. TIME OF INJURY Hour <u>8:30 P</u> Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>10/24/56</u> to <u>3/5/58</u> and last saw her alive on <u>2/14/58</u> Death occurred at <u>8:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Beulah Blouse, M.D.</u>		22b. ADDRESS <u>121 S. W. 8th Moberly Mo</u>	
22c. DATE SIGNED <u>3/7/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>March-7-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-7-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Beulah Blouse</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 3 5 1050

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 *Jerry P. Carter*.....  
Licensed Embalmer No. 4906

P. O. Address *Maryland*.....

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.