Health, & Welfare Public Service

3

. 300
. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031970
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 389 Primary Registration District No. 5173 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Summit — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6 Miles N.W. Jefferson City — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City 0264 c — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1607 Monroe St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Cecil Middle Nichols Last Shouse
4. DATE OF DEATH Month Sept. Day 28 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 26 ~~1926~~ 1927
9. AGE (In years last birthday) 31 ~~32~~ — IF UNDER 1 YEAR Months 2 Days 2 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman
10b. KIND OF BUSINESS OR INDUSTRY News Paper
11. BIRTHPLACE (City and state or country) Ashland, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Vernor L Shouse
14. MOTHER'S MAIDEN NAME Mamie Nichols
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY NO. 499-24-5036
17. INFORMANT Katherine Shouse 1607 Monroe St. Address Jefferson City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURE OF SKULL — INTERVAL BETWEEN ONSET AND DEATH INST
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) EXTENSIVE LACERATIONS OF FACE & HEAD
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

Corrected from Mo birth cert #30785-27

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Head on Collision on Hiway
20c. TIME OF INJURY 12 Hour ~~a. m.~~ p. m. Month, Day, Year 9 28-58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hiway
20f. CITY, TOWN, OR LOCATION Hiway 63-6 Mi North J. C Bridge COUNTY Callaway STATE Mo

014

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at approx 12:40 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry A. [signature] Coroner
22b. ADDRESS Fulton Mo
22c. DATE SIGNED 9/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 30 1958
23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery
23d. LOCATION (City, town, or county) Ashland, Missouri (State)
24. FUNERAL DIRECTOR Wm C. Burnett ADDRESS Ashland Mo
25. DATE RECD. BY LOCAL REG. 9/29/58
26. REGISTRAR'S SIGNATURE LeRoy Claypool

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1958

~~MAY 18 1958~~

OCT 6 1958

WS FEB 3 1959

OCT 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm C. Burnett

Licensed Embalmer No. 25-

P. O. Address Ashland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.