

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11  
-61-012238

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 6095 Registrar's No. 6099

AMENDED

FILED MAR 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><u>Schuyler</u>  | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br><u>Downing, Mo. Fabius Twp.</u> | a. STATE<br><u>Missouri</u>   | b. COUNTY<br><u>Schuyler</u>  |
| Length of stay in lb<br><u>58 yrs</u>                                       |  | c. CITY OR TOWN<br><u>Downing</u>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION |  | d. STREET ADDRESS<br><u>Fabius Twp.</u>   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |  |  |
|--|----------------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or print)  |                                  |   | 4. DATE OF DEATH   |  |
| First<br><u>Byron</u>  | Middle                           | Last<br><u>Shook</u>  | Month<br><u>March</u>  | Day<br><u>18</u>                             |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-3-1873</u>                                  | 9. AGE (last birthday)<br><u>87</u>          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Davis Co., Iowa</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
| 13a. FATHER'S NAME<br><u>John Shook</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mazy Gibson</u>   |  | 14. NAME OF HUSBAND OR WIFE                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><u>Beulah Speer, Agency, Iowa</u>                   |  |

|   |                                       |   |
|---|---------------------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:                             |                                       | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>   |                                       | <u>2 hours</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Coronary thrombosis</u> |   |
|   | DUE TO (c)                            |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) |                                       | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown |

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m.   | Month, Day, Year  |  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from 4-12-56 to 3-18-61 and last saw <sup>her</sup>him alive on 3-18-61  
Death occurred at 4:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                      |                                  |                                       |                                    |
|--------------------------------------|----------------------------------|---------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>N.R. Stoker</u> | (Degree or title)<br><u>D.O.</u> | 22b. ADDRESS<br><u>Lancaster, Mo.</u> | 22c. DATE SIGNED<br><u>3-21-61</u> |
|--------------------------------------|----------------------------------|---------------------------------------|------------------------------------|

|  |                                    |  |   |
|--|------------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>March 20, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Cone cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Downing, Missouri</u> |
|--|------------------------------------|--|---|

|   |  |   |
|---|--|---|
| 24. FUNERAL DIRECTOR<br><u>Moore Funeral Home, Downing, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>3-22-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Mrs A J Drake</u> |
|---|--|---|

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 Mo

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.