

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =62-009736

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 92

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 26 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville, Mo.</b>		Length of stay in 1b <b>one day</b>	c. CITY OR TOWN <b>5 mi SW Novelty</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ANDREW SHORES</b>			4. DATE OF DEATH Month <b>Mar</b> Day <b>10</b> Year <b>1962</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>26 June 1880</b>
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Shelby County</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>SAMUEL E SHORES</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA BOWEN</b>
14. NAME OF HUSBAND OR WIFE <b>Lottie May Ocker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Raymond Shores Novelty, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
DUE TO (b) <b>Toxemia</b>			<b>week</b>
DUE TO (c) <b>Diabetic gangrene-right foot</b>			<b>30 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour a.m. 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 <b>Novelty, Mo</b>		COUNTY STATE
21. I attended the deceased from <b>March 9, 1962</b> to <b>March 10, 1962</b> and last saw <sup>her</sup> him alive on <b>March 10, 1962</b> Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>As Stickler MD</i> (Degree or title)		22b. ADDRESS <b>107 E. Harrison, Kirksville, Mo.</b>	22c. DATE SIGNED <b>3/10/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Mar 13 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Tabor Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Atlanta, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>HUDSON-RIMER FUNERAL HOME Edina, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-17-1962</b>	26. REGISTRAR'S SIGNATURE <i>Doris W. Raloff</i>

