

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042095

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 156

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10275

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 10 1962	
1. PLACE OF DEATH	
a. COUNTY Cooper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville	a. STATE Missouri b. COUNTY Cooper
Length of stay in lb 7 Days	c. CITY OR TOWN Bunceton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital	d. STREET ADDRESS (If outside, give location) -----
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First Fred	Middle M
Last Shrout	4. DATE OF DEATH
Month December	
Day 6	
Year 1962	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1883
9. AGE (last birthday) 79	
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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and state or country) Cooper County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Absolom Shrout	
13b. MOTHER'S MAIDEN NAME Nancy Baughman	
14. NAME OF HUSBAND OR WIFE Alma Bear Shrout	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. -----	
17. INFORMANT Fred E. Shrout, Leewood, Kans.	
Address	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Acute Antero Lateral Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerotic Heart Disease
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)	
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 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 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 COUNTY STATE	
21. I attended the deceased from NOVEMBER 30, 1962 , to DECEMBER 6, 1962 and last saw her/him alive on DECEMBER 6, 1962 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE William G. Abel (Degree or title) WILLIAM ABELE, M.D.	22b. ADDRESS 329 MAIN STREET, BOONVILLE, MO.
22c. DATE SIGNED 12-7-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 8, 1962
23c. NAME OF CEMETERY OR CREMATORY Bunceton Masonic Cem.	
23d. LOCATION (City, town, or county) (State) Bunceton, Mo.	
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.	25. DATE RECD. BY LOCAL REG. 12/7/62
26. REGISTRAR'S SIGNATURE [Signature]	

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

William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.