

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34658

No. 300
10-48

FILED OCT 18 1954

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH. a. COUNTY <u>Monterey</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monterey</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		068	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>S. Oak</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u>		b. (Middle) <u>LOU</u>		c. (Last) <u>SHORES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 28, 1881</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>3</u>		11. DAYS <u>15</u>		12. IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Monterey Co., Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Dunham</u>		13b. MOTHER'S MAIDEN NAME <u>Pinky Hardin</u>		14. NAME OF HUSBAND OR WIFE <u>Charles M. Shores</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F.W. Shores California Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Angina Pectoris</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>2 + years</u> <u>2 + years</u> <u>1 + years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Monterey Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-3</u> , 19 <u>53</u> , to <u>10-12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>54</u> , and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.B. Fulk</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>10-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>S.W. of Lathan Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 15, 54</u>		REGISTRAR'S SIGNATURE <u>H. K. Poppe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. E. Wilson</u>		ADDRESS <u>California Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 20 1954

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
Student Embalmer

Signed _____

A. E. Wilson

Licensed Embalmer No. *2351*

P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.