

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43176**

BIRTH NO. _____		REG. DIST. NO. <b>381</b>		PRIMARY REG. DIST. NO. <b>4515</b>		Registrar's No. <b>9</b>	
1. PLACE OF DEATH a. COUNTY <b>SULLIVAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SULLIVAN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MILAN,</b>		c. LENGTH OF STAY (In this place) <b>19 Hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MILAN (RURAL) BOWMAN Twp</b>		d. STREET ADDRESS (If rural, give location) <b>1056</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SULLIVAN COUNTY MEMORIAL</b>				3. NAME OF DECEASED (Type or Print) a. (First) <b>GERTRUDE</b> b. (Middle) <b>L</b> c. (Last) <b>SHOUSE</b>			
4. DATE OF DEATH <b>12-23-1955</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>2-9-1878</b>		9. AGE (In years last birthday) <b>77</b>		10. MONTH <b>10</b> DAY <b>11</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DANCE T. THOMAS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BEATTIE TURNER</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH SHOUSE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leo Shouse</b> ADDRESS <b>Milan</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sudden death</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) <b>natural causes</b>				DUE TO (c) <b>non-violence 4221</b>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility, generalized arteriosclerosis, Cardio-vascular disease, unclassified</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph E. Pruitt</b> (Degree or title)				23b. ADDRESS <b>2217 E. Second St, Milan</b>		23c. DATE SIGNED <b>12-23-55</b>	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>DEC 24, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SHATTO</b>		24d. LOCATION (City, town, or county) (State) <b>MILAN MO</b>	
DATE REC'D BY LOCAL REG. <b>12-24-55</b>		REGISTRAR'S SIGNATURE <b>Mrs. M. W. Beckett</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James Lewis</b> ADDRESS <b>Milan</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1958

STATEMENT BY LICENSED EMBALMER

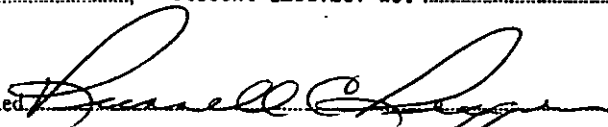
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3992

P. O. Address. Melrose, Me

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.