

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25491

FILED AUG 15 1941

State File No.

Registration District No. 491

Primary Registration District No. 4298

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Troy mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community In this Community
years, months or days 13

3. (a) PRINT FULL NAME CORNELIA HICKS SHUMATE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female race White 5. Color or

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Henry Shumate 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Oct 1 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 6 If less than one day
hr. min.

9. Birthplace Lexington Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Mac Haney

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Berger

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie Massey

(b) Address Troy mo

17. (a) Removal to burial (b) Date thereof June 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Jose California

18. (a) Signature of funeral director W. Wayne M. Kelly

(b) Address Troy Mo

19. (a) June 11 (b) H. H. Pearce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 057

(a) State Missouri (b) County Lincoln

(c) City or town Troy mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-4-41
19 to 6-7-41 19
that I last saw her alive on 6-7-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to 94A

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature H. H. Pearce (M. D. or other) 11
Address Troy mo Date signed 6-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
2
0

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Wayne McLooney*

Licensed Embalmer No. *3586*

P. O. Address *Sroy Ms.*

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.