S. No. 300
v. 10.48

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41874

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 57

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

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby ~~Mo.~~ 73
d. STREET ADDRESS (If rural, give location) 1 0

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) Albert c. (Last) SHEWMAKE

4. DATE OF DEATH (Month) (Day) (Year) 12-31-49

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3-2-1886

9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 9 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Rocky Comfort Mo.

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John Shewmake

13b. MOTHER'S MAIDEN NAME Alice Stoneman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UK (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Dicus ADDRESS Tulsa Okla

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (left side) — INTERVAL BETWEEN ONSET AND DEATH Dec. 26th 49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Nephritis Chronic Interstitial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epileptic Seizures — 592-X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 3, 1949, *to* Dec 31st, 1949, *that I last saw the deceased alive on* Dec 31st, 1949, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Melvin C Bowman (Degree or title) M.D.

23b. ADDRESS Neosho Mo

23c. DATE SIGNED 12-31-1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-1-50

24c. NAME OF CEMETERY OR CREMATORY Granby Bem

24d. LOCATION (City, town, or county) (State) Granby Mo

DATE REC'D BY LOCAL REG. Jan. 4, 1950

REGISTRAR'S SIGNATURE M. L. Young 225

25. FUNERAL DIRECTOR'S SIGNATURE Culver-Shewmake ADDRESS Granby Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co. H.D.

District File Number 150-13

Date Filed JAN 3 1950

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.