

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8426

90

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLINTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CLINTON MO</b>	
c. LENGTH OF STAY (in this place) <b>8 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>500 E FRANKLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>F</b> c. (Last) <b>SHOEMAKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 25 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>6/5/1869</b>
9. AGE (In years last birthday) Months Days <b>81</b>		11. BIRTHPLACE (State or foreign country) <b>Ind</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>EDWARD SHOEMAKER</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Know</b>	
14. NAME OF HUSBAND OR WIFE <b>MARY SHOEMAKER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>0</b>		16. SOCIAL SECURITY NO. <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Owen Shoemaker</b>		ADDRESS <b>Clinton Mo</b>	
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) <b>Hemiplegia, left</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</b> DUE TO (c) <b>Chronic Cardiac - vascular disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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)		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 <b>1946</b> to <b>March 25, 1950</b> , that I last saw the deceased alive on <b>March 24, 1950</b> , and that death occurred at <b>4 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>S.B. Hughes M.D.</b>		23b. ADDRESS <b>Clinton Mo.</b>	
23c. DATE SIGNED <b>3/27/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/27/50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>ENGLEWOOD CEM</b>		24d. LOCATION (City, town, or county) (State) <b>CLINTON MO</b>	
DATE REC'D BY LOCAL REG <b>Mar 26-50</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J.E. Gonzalez</b>		ADDRESS <b>Clinton</b>	

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

Dist. Health Officer No. 7

RECEIVED  
District Health Officer No. 7,  
District File Number 3.50.322  
Date Filed 4-3-57

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 J. E. Consolem

Licensed Embalmer No. 1891

P. O. Address Clinton 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.