

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23327

State File No. _____

485

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>146</u> | | PRIMARY REG. DIST. NO. <u>3026</u> | | Registrar's No. <u>266</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u> | | c. LENGTH OF STAY (In this place) <u>2 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | | <u>0485</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>718 North Osage Street</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Shoemaker</u> | | | 4. DATE OF DEATH (Month) <u>July</u> (Day) <u>23</u> (Year) <u>1951</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>Feb. 18, 1873</u> | | | |
| 9. AGE (In years last birthday) <u>78</u> | | Months <u>5</u> Days <u>5</u> | | 11. BIRTHPLACE (State or foreign country) <u>State of Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 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 <u>her own home</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Huston Driscoll</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robertson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Marion F. Shoemaker</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>Wm. O. Shoemaker of Lake City, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> | | | | DUPLICATE | | | | <u>2 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> | | | | DUPLICATE | | | | <u>4 days</u> | |
| DUE TO (c) <u>Chronic hepatic Paralysis</u> | | | | DUPLICATE | | | | <u>chronic</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Due to Cerebral Hemorrhage</u> | | | | DUPLICATE | | | | <u>6 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>480X</u> | | | | | | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (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>Apr</u> , 19 <u>50</u> , to <u>July 21, 1951</u> , that I last saw the deceased alive on <u>July 22, 1951</u> , and that death occurred at <u>2:00 PM</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>J. H. Hickman</u> (Degree or title) <u>MD.</u> | | | | 23b. ADDRESS <u>Independence Mo.</u> | | 23c. DATE SIGNED <u>July 24-51.</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>July 25 - 51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Williams Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cole Camp, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>July 24</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Reppert</u> | | ADDRESS <u>Buckner, Mo.</u> | | | |

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

AUG

RECD

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, and

working under my personal supervision.

Curtis E. Lubman
Signed.....
Student Embalmer

Student Embalmer No. 410

Signed T. M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner,

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.