

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24164**

BIRTH NO. _____ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Dardenne)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)
a. (First) **George** b. (Middle) _____ c. (Last) **Shoemaker**

4. DATE OF DEATH (Month) (Day) (Year)
7-5-51

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Feb. 4, 1879** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months **5** IF UNDER 24 HRS. Days **1** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Stockbuyer** 10b. KIND OF BUSINESS OR INDUSTRY **trader** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **J.S.A.**

13a. FATHER'S NAME **John Shoemaker** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, last or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **486-12-8139** 17. INFORMANT'S SIGNATURE OR NAME **H.H. Carlisle** ADDRESS **Princeton, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Jury verdict. Broken neck due to automobile accident**
*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 (b) **to automobile accident**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **692 88230 32** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **highway** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Dardenne St. Charles Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **7 5 51 10 A.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Owners pick up truck ran off highway Auto accident one car involved**

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Maris Mursby Coroner** 23b. ADDRESS **Wentzville Mo** 23c. DATE SIGNED **7-19-51**

24a. BURIAL, CREMATION REMOVAL (Specify) **Burial** 24b. DATE **July 9, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Pine Cemetery** 24d. LOCATION (City, town, or county) (State) **Mercer County Mo.**

DATE REC'D BY LOCAL REG. **7-20-51** REGISTRAR'S SIGNATURE **Ea Keithley** 25. FUNERAL DIRECTOR'S SIGNATURE **Maris Mursby** ADDRESS **Wentzville**

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 24 1951

RECEIVED

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 *Howard O. Kessler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville*

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.