

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7842

State File No.

FEB 24 1952

REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Cooper County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>5 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>1804</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1114 East 13th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>SHOEMAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 6, 1914</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>L.C. Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Cornine</u>	14. NAME OF HUSBAND OR WIFE <u>Reb Biggs Shoemaker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Reba Shoemaker, 114 E. 13th Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Re. months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				
19a. DATE OF OPERATION <u>7-25-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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>7-27, 1952</u> , to <u>Mar. 22, 1952</u> , that I last saw the deceased alive on <u>3-21, 1952</u> , and that death occurred at <u>4:45 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L.C. Beckett M.D.</u> (Degree or title)			23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>3-23-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Pettis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-23-52</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James G. ...</u> ADDRESS <u>Sedalia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

2720

JAN 17 1958

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 *Rhane Ewing*

Licensed Embalmer No. *27847*

P. O. Address *St. Louis 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.