

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37240

State File No.

FILED NOV 22 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>56</u>			
1. PLACE OF DEATH a. COUNTY <u>Neosho</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>					
b. CITY (If outside corporate limits, with BUREAU and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, with BUREAU and give township) OR TOWN <u>West Plains</u>		d. STREET ADDRESS (If rural, give location) <u>Lebo Rt 0460</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural</u>				d. STREET ADDRESS (If rural, give location) <u>Lebo Rt 0460</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis M.</u> b. (Middle) <u>Shuman</u> c. (Last) <u>Shuman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-54</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>3-7-1868</u>			
9. AGE (In years, last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></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></u>		11. BIRTHPLACE (State or foreign country) <u>Chillicothe Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>F. M. Shuman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Cook</u>		14. NAME OF HUSBAND OR WIFE <u>William Shuman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no grade known) (If yes, give war or date of service) <u></u>		16. SOCIAL SECURITY NO. <u>4922-8037</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm M Shuman</u>				ADDRESS <u></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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u> DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BENIGN PROSTATIC HYPERTROPHY</u> <u>SENILITY</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u></u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>							
22. I hereby certify that I attended the deceased from <u>Apr 17, 1954</u> to <u>10-16, 1954</u> , that I last saw the deceased alive on <u>10-16, 1954</u> , and that death occurred at <u>8:50</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jack N. Wilson, M.D. West Plains, Mo.</u>				23b. ADDRESS <u>No. 11-2-54</u>		23c. DATE SIGNED <u></u>			
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u></u>		24b. DATE <u>10-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South 20th</u>		24d. LOCATION (City, town, or county) (State) <u>South 20th</u>			
DATE REC'D BY LOCAL REG. <u>11-15-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u>		ADDRESS <u></u>			

JAN 25 1955

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 *A. S. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Hill N.Y.*

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.