

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

12445

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>5601</u>		State File No. <u>3032</u>		Registrar's No. <u>40</u>					
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Warrensburg,</u>			c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Warrensburg, R.R. #3</u>			0510					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #3, Warrensburg, Mo.</u>					d. STREET ADDRESS (If rural, give location) <u>Rural, R.R. #3, Warrensburg, Mo.</u>								
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First)		b. (Middle) <u>SHUMATE</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1955</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>June 29, 1875</u>		9. AGE (in years last birthday) <u>n 79</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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>Farming,</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Issac Shumate,</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Skidmore,</u>			14. NAME OF HUSBAND OR WIFE <u>Nora Catherine Shumate,</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leland F. Shumate, Warrensburg, 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, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u>Arteriosclerosis general</u>								INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>2 years</u> <u>10 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>July 9</u> , 19 <u>53</u> , to <u>4-9-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>55</u> , and that death occurred at <u>11:30 AM</u> from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>					23b. ADDRESS <u>Warrensburg, Missouri</u>			23c. DATE SIGNED <u>4-11-1955</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sutton Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Johnson Co. Missouri</u>						
DATE REC'D BY LOCAL REG- <u>Apr. 11, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah Britton</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger, Warrensburg, Mo.</u>			ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 18 1955
ALCOHOLIC

JOHNSON COUNTY HEALTH DEPT

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. M. B. ...*

Licensed Embalmer No. 3377

P. O. Address Warrensburg

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.