

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7988

State File No.

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5042 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Rural-Liberty</u>	c. LENGTH OF STAY (in this place) <u>9 yrs.</u>	c. CITY OR TOWN <u>Exeter</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His-Home</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 1- 0050</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>	b. (Middle)	c. (Last) <u>Shoemaker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March-21-1956</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-29-1880</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months <u>22</u> Days _____ Hours _____ 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>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Girard-Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mathew Shoemaker</u>	
13b. MOTHER'S MAIDEN NAME <u>Parthenia Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Ella 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>441-05-6107A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Ella Shoemaker-Exeter Mo-R1</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u>		
	DUE TO (c) <u>Coronary thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>			<u>72 hrs.</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 3/18, 1956, to 3/21, 1956, that I last saw the deceased alive on 3/20, 1956, and that death occurred at 10-50A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred R. Clark M.D.</u>	23b. ADDRESS <u>Wheaton, Mo.</u>	23c. DATE SIGNED <u>3/22/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncy Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Barry Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-25-56</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McQueen Funeral Home. Wheaton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 456-59

DATE REC. 4-2-56

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.....
Signature of Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 457

P. O. Address Cassville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.