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FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12214
State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birksville, Mo</u>		c. CITY OR TOWN <u>GIBBS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 days</u>		STREET ADDRESS (If rural, give location) <u>3 MI NW GIBBS RD 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Salomon</u> c. (Last) <u>Shuman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 31 1870</u>
9. AGE (In years last birthday) <u>85</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>GEN. FARMING</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>GIBBS MO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>DANIEL K. SHUMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY PETERS</u>	14. NAME OF HUSBAND OR WIFE <u>MARY GARLOCK SHUMAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GILBERT MOORE</u> ADDRESS <u>GIBBS 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		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Anoxia</u>	DUE TO (b) <u>Cardiovascular Collapse</u> <u>2 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Cardiac decompensation</u> <u>2 days</u>		<u>14 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Small Intestine Obstruction</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 Jan 23, 1956 to April 12, 1956, that I last saw the deceased alive on April 12, 1956 and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Scheurer, D.O.</u> (Degree or title)	23b. ADDRESS <u>Birksville, Mo.</u>	23c. DATE SIGNED <u>4-12-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION</u>
24d. LOCATION (City, town, or county) (State) <u>GIBBS MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>4-17-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u> ADDRESS <u>Hudlone Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *L. M. Easley Jr.*.....

Licensed Embalmer No. *37*.....

P. O. Address *Hurdle*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.