

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12746**BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a/STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Cith		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2113 Forrest Dr.		d. STREET ADDRESS (If rural, give location) 2113 Forrest Dr.	

3. NAME OF DECEASED (Type or Print) a. (First) Lindell b. (Middle) Hamilton c. (Last) Shumaker			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 29, 1899	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Days 6 11. UNDER 1 HR. Hour 22 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg. Agent Rep.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joseph Shumaker		13b. MOTHER'S MAIDEN NAME Allie Cantwell		14. NAME OF HUSBAND OR WIFE Helen Shumaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-36-8129		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Shumaker Jefferson City, Mo.	

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) acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 year
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 **9-12-1951** to **7-23-1955**, that I last saw the deceased alive on **3-1-1956**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul J. Loyd, M.D. (Degree or title)		23b. ADDRESS Jeff. City, Mo.		23c. DATE SIGNED 7-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	

DATE REC'D BY LOCAL REG. 24 April 1956		REGISTRAR'S SIGNATURE R. Harris M.D. M.R.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buescher Jefferson City Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MS
OCT 13 1959

550 2112

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City*

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.