

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 6 1957

57 017 60A
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 259

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR JOPLIN TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2017 CONNOR AVE		Length of stay in 1b ALWAYS		d. STREET ADDRESS (If outside, give location) 2017 CONNOR AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EDWARD SHOEMAKER			4. DATE OF DEATH Month Day Year MAY 27, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 28, 1910	9. AGE (in years last birthday) 47	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MALE NURSE		10b. KIND OF BUSINESS OR INDUSTRY NURSING		11. BIRTHPLACE (City and state or country) JOPLIN, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GRANT B. SHOEMAKER		13b. MOTHER'S MAIDEN NAME PEARL ARCHER	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES		16. SOCIAL SECURITY NO. W.W. 1111	
17. INFORMANT G. B. SHOEMAKER, 2017 CONNOR AVE.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock caused by Acute Pulmonary Embolism 1st DUE TO (b) Decompensated Hypertensive Heart Disease Unknown DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), and (c). 443x		INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE None <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None			
20c. TIME OF INJURY Hour Month, Day, Year None		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION JOPLIN		COUNTY STATE	
21. I attended the deceased from 5-27-57 to 5-27-57 and last saw him alive on 5-27-57 Death occurred at 11:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. E. Stephens M.D.		22b. ADDRESS 211 W. 20th Joplin Mo		22c. DATE SIGNED 5-28-57	
23a. BURIAL, CREMATION, REBURY (Specify) BURIAL		23b. DATE 5-29-57		23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL CEMETERY, JOPLIN, MISSOURI	
23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		23e. DATE RECD. BY LOCAL REG. 5-31-1957		23f. REGISTRAR'S SIGNATURE Dove Merriam	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. ADDRESS			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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Date Filed JUN 5 1957

JUN 11 1957

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Gap. line. m*

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.