

FILED AUG 5 1957

STANDARD CERTIFICATE OF DEATH

25431

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Eldon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION EL RANCHO NURSING HOME			Length of stay in 1b 6 Mo.	d. STREET ADDRESS (If outside, give location) Franklin Township			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ethel Middle MAE Last SHOEMAKER				4. DATE OF DEATH Month JUNE Day 16 Year 1957			
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAR. 21, 1885		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7 Days 2 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Miller Co., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHARLES C. CRANE				14. MOTHER'S MAIDEN NAME ALICE BUZZARD			
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. NONE		17. INFORMANT F. P. SHOEMAKER		Address Eldon, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditis & congestive failure.							INTERVAL BETWEEN ONSET AND DEATH Several yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	Month _____ Day _____ Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1950 to June 16 '57 and last saw her June 16 '57 alive on June 16 '57 Death occurred at 11:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. O. Shelton M.D. (Degree or title)				22b. ADDRESS Eldon MO		22c. DATE SIGNED June 18 '57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE June 18, 1957	23c. NAME OF CEMETERY OR CREMATORY Eldon		23d. LOCATION (City, town, or county) Eldon		(State) MO
24. FUNERAL DIRECTOR Louis W. Phillips ADDRESS Eldon				25. DATE RECD. BY LOCAL REG. June 18 '57		26. REGISTRAR'S SIGNATURE Bl. Wernetta Waltz	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

JUL 30 '57

Miller County
Health Department

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed: *Louis A. Phillips*
Licensed Embalmer No. *36*

P. O. Address *Med*

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.