

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4128

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 11

120
300
-57

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAFFEE</u>		c. CITY OR TOWN <u>CHAFFEE 1001</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>127 W. DAVIDSON</u>		d. STREET ADDRESS (If outside, give location) <u>127 W. DAVIDSON</u>	
Length of stay in lb <u>19 YRS.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LEO CLYDE SHOEMATE</u>			4. DATE OF DEATH Month Day Year <u>JAN. 21, 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 23, 1894</u>
9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Month Day Hours Min. <u>7 28</u>	
11. IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and state or country) <u>Puxico, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES MADISON SHOEMATE</u>	
13b. MOTHER'S MAIDEN NAME <u>KATIE LIGON</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIAN MARIE SHOEMATE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>702-03-6856</u>	
17. INFORMANT <u>Mrs. Lillian M. Shoemate</u>		Address <u>-CHAFFEE, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>			<u>15 yrs.</u>
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"/>
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.) <u>4201</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 <u>21 Jan 58</u> to <u>31 Jan 58</u> and last saw ^{him} _{her} alive on <u>31 Jan 58</u> Death occurred at <u>12:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. Lubbe MD</u> (Degree or title)		22b. ADDRESS <u>Chaffee Mo</u>	
22c. DATE SIGNED <u>22 Jan 58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN. 26, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		23d. LOCATION (City, town, or county) <u>Puxico, Missouri</u>	
24. FUNERAL DIRECTOR <u>Bisplinghoff Funeral Home - Chaffee, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 25-1958</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Breigling Hoff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED JAN 27 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-26

FEB 8 1958

FEB 19 1958

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 Jack J. Burnett
Licensed Embalmer No. 4473
P. O. Address CHAFFEE, Mo

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.