

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037380

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 154

S. 300
1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Louisiana Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE Co. Hospt		Length of stay in lb 3 mo.	d. STREET ADDRESS (If outside, give location) 082/2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Estelza Middle L Last SHOEMAKER			4. DATE OF DEATH Month Oct Day 29 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 17, 1883
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 6 Days 6 IF UNDER 24 HRS. Hours 6 Min.
10a. FATHER'S NAME John Cotton		10b. MOTHER'S MAIDEN NAME Mary E. Lewis	11. BIRTHPLACE (City and state or country) HARRISBURG, MO., U. S. A.
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE JAMES D. SHOEMAKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address JAMES D. SHOEMAKER
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Bowel obstruction DUE TO (c) Asphyxy & adhesion of bowel			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 months 11 D 3 months 15 D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5705			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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 17, 58 to Oct. 29, 58 and last saw her/him alive on Oct. 27 Death occurred at LOUISIANA, MO. I AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. L. Pilger, D.O.		22b. ADDRESS Loosiana, Mo.	22c. DATE SIGNED 11.31.58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct 29, 1958	23c. NAME OF CEMETERY OR CREMATOR Bowling Green	23d. LOCATION (City, town, or county) (State) Bowling Green, MO.
24. GENERAL DIRECTOR W. A. E. Bankhead		25. DATE RECD. BY LOCAL REG. 11-3-58	26. REGISTRAR'S SIGNATURE Bertie Collier

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 *Harold Kiper*

Licensed Embalmer No. *4597*

P. O. Address *Danville*

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.