

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038605
State File No.

79789-58
FILED OCT 20 1958

BIRTH NO.		REG. DIST. NO. <u>381</u>	PRIMARY REG. DIST. NO. <u>4515</u> Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSOURI</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>MILAN</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>GALT</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SULLIVAN COUNTY MEMORIAL</u>			e. STREET ADDRESS (If rural, give location) <u>040</u> <u>ROUTE # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u>		b. (Middle) <u>LEE</u>	c. (Last) <u>SHOEMAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 12, 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCTOBER 10, 1958</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MILAN, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>CLARENCE SHOEMAKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LUCILLE SKAGGS</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lucille Shoemaker</u> ADDRESS	
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) <u>used to take formula</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>out of oxygen was to</u> DUE TO (c) <u>Baby never was able to live</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature Birth</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>0</u> 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) <u>776X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>Oct 10-18 1958</u> , to <u>Oct 12, 1958</u> , that I last saw the deceased alive on <u>Oct 12, 1958</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Arntze dld</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Galt mo</u>	23c. DATE SIGNED <u>Oct 12-1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-13-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galt Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Galt mo</u>	
DATE REC'D BY LOCAL REG. <u>10-14-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beecher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PK Payne Tom</u> ADDRESS <u>Galt mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Not Embalmed., Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed PK Payne Jr
Licensed Embalmer No. 340

P. O. Address East

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.