

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002647
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

FILED FEB 11 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Annapolis, 04700 Inside Limits Unknown.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4		Length of stay in 1b 4 Yrs; 7 mos.	d. STREET ADDRESS (If outside, give location) Unknown. Reside on Farm <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last THEODORE PRESTON SHUMAKE			4. DATE OF DEATH Month Day Year February 1, 1959		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 8, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 3 Days 23	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and mining	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Francois County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William G. Shumake	13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Wells	14. NAME OF HUSBAND OR WIFE Roma A. Richardson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia, bilateral		INTERVAL BETWEEN ONSET AND DEATH 5 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic pulmonary fibrosis of unknown etiology	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) Psychosis with cerebral arteriosclerosis.		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from July 1, 1954 to Feb. 1, 1959 and last saw ^{him} alive on Feb. 1, 1959 Death occurred at 8:45 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) John A. Brennan, M.D.	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED Feb. 1, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery	23d. LOCATION (City, town, or county) (State) Annapolis, Mo.
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24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Iron ton, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 2, 1959	26. REGISTRAR'S SIGNATURE Eather Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Lyle A. White*

Licensed Embalmer No. *4295*
P. O. Address *Montgomery, Pa.*

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.