

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014241

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural, Marion Twsp.</b>		c. CITY OR TOWN <b>Neosho</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>West Union Care</b>		d. STREET ADDRESS (If outside, give location) <b>0732 730 South St.</b>	
Length of stay in lb <b>Home</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>LEWIS FRANKLIN SHUMATE</b>			4. DATE OF DEATH Month Day Year <b>Apr. 2, 1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 23, 1881</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Paper Hanger</b>	11. BIRTHPLACE (City and state or country) <b>Taney County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Shumate</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Lawrence</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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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) <b>No None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>William Shumate, Crane Missouri</b>	Address
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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) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>28 DAYS</b>
DUE TO (b) <b>Arteriosclerosis</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) <b>331x</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>3/4/1959</b> to <b>4/2/1959</b> and last saw her alive on <b>4/1/59</b> Death occurred at <b>2:45P</b> 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) <b>Melvin C. Cullough, M.D.</b>	22b. ADDRESS <b>Neosho Mo</b>	22c. DATE SIGNED <b>4/7/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-6-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	23d. LOCATION (City, town, or county) (State) <b>Neosho Missouri</b>
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24. FUNERAL DIRECTOR <b>Thompson Funeral Home, Neosho Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-7-59</b>	26. REGISTRAR'S SIGNATURE <b>Melvin C. Bowman, M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

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Date 71104  
APR 17 1959

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 *Rhyd M. Dameron* .....

Licensed Embalmer No. *5065* .....  
P. O. Address *Meriden, 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.