THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016707
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cole Township — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6 mile Southern of Lincoln — Length of stay in Hospital 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Benton
c. CITY OR TOWN Lincoln Rt 2 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 6 mile S.E. — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle ALONZO Last Schumaker
4. DATE OF DEATH Month June Day 7 Year 1959
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov 23, 1907
9. AGE (In years last birthday) 51
IF UNDER 1 YEAR: Months 6 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Benton County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Schumaker
14. MOTHER'S MAIDEN NAME Ida Rank
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-42-8197
17. INFORMANT Selma Schumaker Address Lincoln Rt 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure due to Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH 2 or 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Hypertension — 6 Months
DUE TO (c) — 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 December 58, to June 7th 59 and last saw him alive on June 5th 1959
Death occurred at Approx 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. R. McBee (Degree or title) D.O.
22b. ADDRESS Box 13 Lincoln Mo.
22c. DATE SIGNED 6-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 9-59
23c. NAME OF CEMETERY OR CREMATORY Mt Hulda Cemetery
23d. LOCATION (City, town, or county) Benton County (State) Mo
24. FUNERAL DIRECTOR Fred Davis & Son ADDRESS Lincoln
25. DATE RECD. BY LOCAL REG. June 8th 1959
26. REGISTRAR'S SIGNATURE B. L. Eickhoff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS SEP 1 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 4

P. O. Address Tipton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.