

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028572

FILED VS SEP 9 1959

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. \_\_\_\_\_ Registrar's No. 75

DED

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Daviess</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Union Twp.</u>               |  | c. CITY OR TOWN <u>Rural Union Twp.</u>  |  |
| Length of stay in 1b <u>2 Yrs.</u>  |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dowell Boarding Home</u> |  | d. STREET ADDRESS (If outside, give location) <u>1 Mi. W. Gallatin</u>   |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

|   |                                  |   |  |                                     |  |
|---|----------------------------------|---|--|-------------------------------------|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Plenny</u> Middle <u>Bert</u> Last <u>Shoemaker</u>           |                                  |   | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>28</u> Year <u>1959</u> |                                     |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-25-1879</u>                                   | 9. AGE (last birthday)<br><u>80</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm Labor</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Harrison Co., Mo.</u> |                                     | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><u>George Shoemaker</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Olive Sutton</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>---</u>               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>           |  | 17. INFORMANT<br><u>Everett Shoemaker, Bethany, Mo.</u> |  |
| Address   |  |  |  |   |  |

|  |  |  |  |               |
|--|--|--|--|---------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |               |
| IMMEDIATE CAUSE (a) <u>Cornary Thrombosis</u>  |  |  |  | <u>12 hrs</u> |
| DUE TO (b) <u>Arterial Sclerosis, excessive weight</u>   |  |  |  | <u>5 yrs</u>  |
| DUE TO (c) <u>Chronic prostate &amp; nephritis</u>   |  |  | <u>2 yrs</u>   |               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)<br><u>Very large irregular fibrous.</u> |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |               |

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month _____ Day _____ Year _____<br>s.m. _____ p.m. _____       |   |  |

|  |  |  |
|--|--|--|
| 20d. INJURY OCCURRED WHILE AT WORK <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<br>COUNTY _____ STATE _____ |
|--|--|--|

21. I attended the deceased from June 1957 to August and last saw her live on Aug 28  
Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><u>H. Bailey, Jr.</u> (Degree or title) | 22b. ADDRESS<br><u>Gallatin Mo</u> | 22c. DATE SIGNED<br><u>9-2-59</u> |
|---|------------------------------------|-----------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>8-30-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Christian Union Cem.</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Harrison Co. Mo.</u> |
|--|-------------------------------|---|--|

|  |   |   |
|--|---|---|
| 24. FUNERAL DIRECTOR<br><u>H. O. Hession</u><br>Hope Funeral Home, Gallatin, Mo. | 25. DATE RECD. BY LOCAL REG.<br><u>9-4-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>August M. Englehart</u> |
|--|---|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*R. O. Peterson*

Licensed Embalmer No. 3302

P. O. Address Dallatin

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