REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38500
Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 30
(b) Township — Primary Registration District No. 3003 — Registered No. 48
(c) City Monett — (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William David Shoemate
(a) Residence, No. 719 Euclid Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evelyn Love Shoemate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1867

7. AGE: Years 71 — Months 7 — Days 9 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County, Missouri.

FATHER
13. NAME Hardy Shoemate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Ceceliam Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Harley Wagner
(ADDRESS) 719 Euclid Ave., Monett, Mo.

18. BURIAL, CREMATION OR REMOVAL
PLACE I.O.O.F. DATE Nov. 11, 1938

19. FUNERAL DIRECTOR Callaway's
(ADDRESS) Monett, Mo.

20. FILED 11-11- 1938 W. R. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to Nov 9, 1938
I last saw him alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset Oct 31-38

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) Ernest Mitchell, M. D.
(Address) Monett Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SOM-7-20-37 I X12004

RECEIVED
District Health Officer No. 6,
District File Number 6-38-811
Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

I. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. D. Buchanan

Licensed Embalmer No. 3179

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.)