No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16467

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 36 East Summit St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora 1
d. STREET ADDRESS (If rural, give location): 36 East Summit St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): MAMIE
b. (Middle): VIENNA
c. (Last): SHOEMAKER

4. DATE OF DEATH (Month) 6/ (Day) 1/ (Year) 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/24/1894
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 4, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rufus Sutter
13b. MOTHER'S MAIDEN NAME: Alice Young
14. NAME OF HUSBAND OR WIFE: Joe Winford Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Joe Winford Shoemaker — ADDRESS: Aurora, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

334Y

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29, 1949, *to* 6-1, 1949, *that I last saw the deceased alive on* 6/1/, 1949, *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Brown, D
23b. ADDRESS: Aurora, Mo
23c. DATE SIGNED: 6-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/3/49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pisgah Cem.
24d. LOCATION (City, town, or county) (State): Barry Co., Mo.

DATE REC'D BY LOCAL REG.: 6/3/49
REGISTRAR'S SIGNATURE: Ora McNatt 157
25. FUNERAL DIRECTOR'S SIGNATURE: Joe H. Kung
ADDRESS: Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 649-651
Date Filed 6-9-49

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 .....
Student Embalmer

Signed George E Bennett
Licensed Embalmer No. 4591
P. O. Address Aurora 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 this body is not embalmed, fact should be so stated above.