

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 295

FILED JAN 16 1950

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>4</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton, Mo.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leon Post Home 624 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>715 W. Clay</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>LAURA</u> c. (Last) <u>SHOEMAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 3 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-12-1868</u>	9. AGE (In years last birthday) <u>81</u> <u>4</u> <u>21</u> <u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Wm. E. Wolfe</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Emmet Shoemaker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Shoemaker</u> ADDRESS <u>Plattsburg MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Large Intestines</u> ANTECEDENT CAUSES OTHER <u>C. CONDITION</u> <u>Chr Myocarditis</u> 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. <u>153X</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>9/14</u> , 19 <u>49</u> , to <u>1/2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/2</u> , 19 <u>50</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Alb. H. Almide M.D.</u>		23b. ADDRESS <u>P.O. Box 263 St Joseph Mo</u>		23c. DATE SIGNED <u>1/3/50</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brethren</u>
24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Jan 5, 1950</u>		REGISTRAR'S SIGNATURE <u>R. G. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u> ADDRESS <u>Plattsburg, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0117  
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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 Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.