

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH37247
State File No. 4792

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4792	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 8 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1423 Indiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital							
3. NAME OF DECEASED (Type or Print) Frank		a. (First)		b. (Middle)		c. (Last) Shoemaker	
4. DATE OF DEATH Nov. 12 1950							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 26 1900	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Neewel Mfg. Co.		11. BIRTHPLACE (State or foreign country) New Cambria, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Shoemaker		13b. MOTHER'S MAIDEN NAME Margaret Call		14. NAME OF HUSBAND OR WIFE Violet Shoemaker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 487-10-5896		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tucker Shoemaker, Pasadena, Calif.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Cilicosis occupational non T.B.					
		DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		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 Oct. 2, 19 50, to Nov. 12, 19 50, that I last saw the deceased alive on Nov. 12, 19 50, and that death occurred at 12:35P m., from the causes and on the date stated above.							
23a. SIGNATURE H. H. Davis DC 1 (Degree or title)				23b. ADDRESS 4035 Prospect K.C. Mo.		23c. DATE SIGNED 11-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 14 1950		24c. NAME OF CEMETERY OR CREMATORY New Cambria		24d. LOCATION (City, town, or county) (State) New Cambria, Missouri	
DATE REC'D BY LOCAL REG. 11-14-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster, Kansas City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

REC 5
1950

11-16-32

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. A. Herrick

Signed.....

Student Embalmer

Licensed Embalmer No. 3599

P. O. Address K. C. 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.