

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19230

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4523 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Schell City</u>	c. LENGTH OF STAY (in this place) <u>8 yrs</u>	c. CITY OR TOWN <u>Schell City - Rural Bacon Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>108th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Shomer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>November 29, 1894</u>
9. AGE (In years last birthday) <u>76 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Carlyle, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Pleasant Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Lannie Lanham</u>	14. NAME OF HUSBAND OR WIFE <u>John Nichols Shomer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>George P. Shomer</u> ADDRESS <u>Avon</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	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. <u>Carcinoma</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4/201 H</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 October, 1949, to May 10, 1951, that I last saw the deceased alive on May 10, 1951, and that death occurred at 2:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Gray M.D.</u> (Degree or title)	23b. ADDRESS <u>Schell City, Mo.</u>	23c. DATE SIGNED <u>May 12 - 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Schell City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u> ADDRESS <u>Schell City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 12 - 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Sarah E. Gray</u> 329	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 22 1951

Dist. File

Date Filed

237-946

5-22-51

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.....
Student Embalmer

Signed *Marion M. Lewis*

Licensed Embalmer No. *3084*

P. O. Address *Schell City, 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.