

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20692

BIRTH NO. 184		REG. DIST. NO. 184	PRIMARY REG. DIST. NO. 3038	Registrar's No. 40 (40)
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give town) Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) Brookfield 0582		
c. LENGTH OF STAY (In this place) 15 yr		d. STREET ADDRESS (If rural, give location) Green Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION Green Street				
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) ANDREW c. (Last) SHOEMAKER		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH Jan. 19, 1877	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, ret.		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) New Cambria, Missouri U	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME John Calvin Shoemaker		13b. MOTHER'S MAIDEN NAME Elizabeth Summers	14. NAME OF HUSBAND OR WIFE Mattie May Hendricks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Forrest Shoemaker, Brookfield, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) General arteriosclerosis: Congestive Heart Disease 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.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 1 1/2 yrs 4500
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)		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 Feb 2 1949 to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 1:00 Pm. from the causes and on the date stated above.				
23a. SIGNATURE Roy R. Haley, M.D.		23b. ADDRESS Brookfield, Mo June 3 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Hammack Cemetery	24d. LOCATION (City, town, or county) (State) New Cambria, Mo.
DATE REC'D BY LOCAL REG. 6-4-51		REGISTRAR'S SIGNATURE W. Brown 167 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

587

Date Received: JUN 1 1 1961
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1066
Date Filed: JUN 1 4 1961

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 *Harold B. Wright*

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.