

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40570

No. 300
10. 48

FILED JAN 10 1952

State File No. 101

020

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

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>1534</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)					
a. COUNTY <u>Andrew</u>		b. STATE <u>Missouri</u>		b. COUNTY <u>Andrew</u>		admission) _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah, Mo.</u>		<u>002,0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504 W. Benton</u>				d. STREET ADDRESS (If rural, give location) <u>504 W. Benton</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Alexander</u>		b. (Middle) _____		c. (Last) <u>Shewmaker</u>		(Month) (Day) (Year) <u>12 31 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-14-1867</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Daniel Shewmaker</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Shewmaker</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Shewmaker</u>			ADDRESS <u>Savannah, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION							
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Hypertension</u>							
		DUE TO (c) _____							
		II. 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 <u>331X</u>				20. AUTOPSY? YES <input 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 <u>Dec 1950</u> 19 <u>50</u> , to <u>Dec 31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 30</u> , 19 <u>51</u> , and that death occurred at <u>4:30 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Arthur H. Kelley</u>			23b. ADDRESS <u>Savannah, Mo.</u>			23c. DATE SIGNED <u>1-1-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah, MO</u>			
DATE REC'D BY LOCAL REG. <u>1-9-52</u>		REGISTRAR'S SIGNATURE <u>William Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Rich</u> ADDRESS _____					

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

Wm A Reich

Licensed Embalmer No. 4778

P. O. Address Savannah, Ga

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.