S. No. 300
v. 10-48

FILED SEP 25 1952
Grover

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30889

State File No. .....

BIRTH NO. ——— REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 431

0124
3

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0120
d. STREET ADDRESS (If rural, give location): Rural /

3. NAME OF DECEASED (Type or Print)
a. (First): Dock
b. (Middle):
c. (Last): Shumake

4. DATE OF DEATH (Month) (Day) (Year): Sept 11, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 17, 1868
9. AGE (In years last birthday): 83 — If under 1 year: Months 11, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jackson Co. Alabama /
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Bob Shumake
13b. MOTHER'S MAIDEN NAME: Lucy Knight
14. NAME OF HUSBAND OR WIFE: Emma Bell Shumake

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Buck Hays Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myo Carditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:45P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Grover W Treer Coroner
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 9/16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 9-18-52
24c. NAME OF CEMETERY OR CREMATORY: Black Creek Cem.
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo. Rural

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Wm. H Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Frank-Cotrell Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 24 1952
BUTLER CO. HEALTH CENTER
FILE No. 952-471

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St Popla

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.