

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9483

State File No.

FILED APR 6 1953

Registrar's No. 344

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		<u>0396</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>			d. STREET ADDRESS (If rural, give location) <u>1030 E Walnut</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>L</u>	c. (Last) <u>SHOMAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1953</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>Oct 26, 1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Appraiser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real estate & Loan</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Landers Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Metcalf</u>		14. NAME OF HUSBAND OR WIFE <u>Kate F Shomaker</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Kate F Shomaker, Springfield, Mo.</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.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis due to arteriosclerosis</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <u>Broncho-Pneumonia</u>				<u>10 days</u>
DUE TO (b)					<u>3 days</u>
DUE TO (c)					<u>Years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? <u>332X</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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. <u>none</u>	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>October 1952</u> , to <u>April 2 1953</u> , that I last saw the deceased alive on <u>April 2, 1953</u> and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>William S. Davis M.D.</u>			23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>		
23c. DATE SIGNED <u>4/3/53</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo.</u>		

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

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.