No. 300
10.48

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

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17817

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO 5495 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Harrison 0410 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Trail Creek)
c. LENGTH OF STAY (In this place): 1 wk
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: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Trail Creek 0410 0
d. STREET ADDRESS (If rural, give location): 5 mile S.E Ridgeway

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Thomas
c. (Last): Shumard

4. DATE OF DEATH (Month) (Day) (Year): 5-25-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-23-1867
9. AGE (In years last birthday): 85 — If under 1 year: Months 9, Days 2 — 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 (City and State or Foreign Country): Harrison C. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Frank Shumard
13b. MOTHER'S MAIDEN NAME: Sarah Edson
14. NAME OF HUSBAND OR WIFE: Matilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lydia Cowperthwaite
ADDRESS: Bethany 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) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year or more

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.* Metastatic Carcinoma lungs, prostate. — 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1561
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* May 24, 1953, *to* May 25, 1953, *that I last saw the deceased alive on* May 25, 1953, *and that death occurred at* 12:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alfred C. Taff (Degree or title) D.O.
23b. ADDRESS: Cainsville Mo
23c. DATE SIGNED: 5-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/28/53
24c. NAME OF CEMETERY OR CREMATORY: Morris Chapel
24d. LOCATION (City, town, or county) (State): Bethany Mo

DATE REC'D BY LOCAL REG.: May 31, 1953
REGISTRAR'S SIGNATURE: S. Pha Shaw, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: M B Shaw
ADDRESS: Bethany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 M B Hass

Licensed Embalmer No. 3899

P. O. Address Bethany 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.