

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18670

State File No. ....

FILED MAY 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Macon, Missouri</u>	c. LENGTH OF STAY (in this place township) <u>1 Week</u>	c. CITY OR TOWN <u>Clarence, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1030</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jane</u>	b. (Middle) <u>Blanche</u>	c. (Last) <u>Shoemaker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-12-1917</u>	9. AGE (in years last birthday) Months Days Hours Min. <u>35 6 12</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clarence, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eldridge M. Hunsaker</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Mae Rennaker</u>	14. NAME OF HUSBAND OR WIFE <u>Wilfred Shoemaker</u>
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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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilfred Shoemaker</u>	ADDRESS <u>Clarence, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastases to liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Masculinizing tumor of ovary (adrenal rest)</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 <u>17 Jan 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>is (b) above</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>175 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1951 to 24 April 1953, that I last saw the deceased alive on 24 April 1953 and that death occurred at 9:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Edward M. Johnson M.D.</u>	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>1 May 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/11/53</u>	REGISTRAR'S SIGNATURE <u>John McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkeley &amp; Hawkins</u>	ADDRESS <u>Clarence, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

APR 12 1954

DEC 29 1953

RECEIVED 5-19-53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 5-53-94  
Date Filed 5-23-53

MAY 27 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James D. Davis*

Licensed Embalmer No. *44*

P. O. Address *Shelton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.