

FILED OCT 5 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5780</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY OR TOWN <u>ELDON RURAL</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ELDON</u>		d. STREET ADDRESS (If rural, give location) <u>R 75 1 - Saline Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline Township</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>CLINTON</u>		c. (Last) <u>SHOEMAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 20, 1954</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>APRIL 19, 1901</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY BAKEMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.R.T. & P. R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>ELDON, MO.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN ALBERT SHOEMAKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET CREEDON</u>		14. NAME OF HUSBAND OR WIFE <u>NORA SHOEMAKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Shoemaker</u> ADDRESS <u>Eldon</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor (of the Pons)</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>Aug</u> , 19 <u>54</u> , to <u>Sept 19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 19</u> , 19 <u>54</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Doct. E. Murrell</u> (Deputy or title) _____				23b. ADDRESS <u>Eldon, Mo</u>		23c. DATE SIGNED <u>9/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>		24d. LOCATION (City, town, or county) (State) <u>ELDON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9/21/54</u>		REGISTRAR'S SIGNATURE <u>and Bruner</u>		192		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis W. Phillips</u> ADDRESS <u>Eldon</u>	

FEB 18 1959

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Madison*

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.