

FILED NOV 4 - 1954

STANDARD CERTIFICATE OF DEATH

34862  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 East 7th. St.,</u>		d. STREET ADDRESS (If rural, give location) <u>607 East 7th. St.,</u>	

3. NAME OF DECEASED (Type or Print) <u>STEPHEN ALEXANDER</u>			a. (First)			b. (Middle)			c. (Last) <u>SHOEMATE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 13, 1867</u>			9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming Ret.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>				11. BIRTHPLACE (State or foreign country) <u>Phelps Co. Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Richard S. Shoemate</u>			13b. MOTHER'S MAIDEN NAME <u>Polly Malone</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Shoemate (dec)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joe Vaughn, Rolla, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>49 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic thrombolytic</u>							
		DUE TO (c) <u>Sonnet</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
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22. I hereby certify that I attended the deceased from 7-3, 1935, to 10/23, 1954, that I last saw the deceased alive on 10/23/54, and that death occurred at 5:58 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>10/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 25, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asher Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>8 miles SE of St. James, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Oct. 25, 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>380-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Glenn 1100 Elm, Rolla, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number  
Date Filed NOV 01 1954

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Carl J. Glenn*

Licensed Embalmer No. 4707

Signed.....  
Student Embalmer

P. O. Address 1100 Elm, Rolla, 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.