

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36288

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>10820</u>
c. LENGTH OF STAY (in this place) <u>66 years</u>		f. STREET ADDRESS (If rural, give location) <u>925 North Colorado</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>925 North Colorado</u>		g. STREET ADDRESS <u>925 North Colorado</u>	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Foster</u> c. (Last) <u>Shumate</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 28, 1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 21 1876</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Covington Kentucky</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Henry Shumate</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Van Kirk</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Shumate</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel Shumate</u> ADDRESS <u>925 N. Colorado Nevada, 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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u> <u>931 X</u>	
20. AUTOPSY? 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.) <u>Nevada - Vernon - Mo</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada - Vernon - Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>10/14</u> , 19 <u>54</u> , to <u>10/28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/27</u> , 19 <u>54</u> , and that death occurred at <u>4:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Love</u> (Degree or title) _____		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>11/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE 1954 <u>November 1</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>	
DATE REC'D BY LOCAL REG <u>11-4-54</u>		REGISTRAR'S SIGNATURE <u>Anna G. Ferris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Mo.</u>	

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.....
Signature of Student Embalmer

Signed *L. Taylor Ferry*.....

Licensed Embalmer No. 4960.....

P. O. Address..... Nevada,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.