

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40116

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 349

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia

c. LENGTH OF STAY (in this place) 5 Days

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Maries

c. CITY OR TOWN Safe d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) R.R. #1

3. NAME OF DECEASED (Type or Print)

a. (First) Henry b. (Middle) Peter c. (Last) Shoemaker

4. DATE OF DEATH (Month) (Day) (Year) 12 20 54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH 2-23-37 9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 24 HRS. Hours 27 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory 10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Jakes Prairie 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. Noel Shoemaker 13b. MOTHER'S MAIDEN NAME Etta Shoemaker 14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-40-3270 17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uncontrollable hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Leukemia 2 mo

DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 2003

19a. DATE OF OPERATION 12-1-54 19b. MAJOR FINDINGS OF OPERATION menstric nodes - biopsy taken 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) COLUMBIA. BOONE MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 12-15, 1954, to 12-20, 1954, that I last saw the deceased alive on 12-20, 1954, and that death occurred at 6:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Lander M.D. 23b. ADDRESS Ellis Fischel State Cancer Hosp. 23c. DATE SIGNED 12-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 12-22-54 24c. NAME OF CEMETERY OR CREMATORY Owensville 24d. LOCATION (City, town, or country) (State) Owensville Mo.

DATE REC'D BY LOCAL REG. Dec 21 1954 REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 25. FUNERAL DIRECTOR'S SIGNATURE Lynnard Spunkle ADDRESS Columbia Mo.

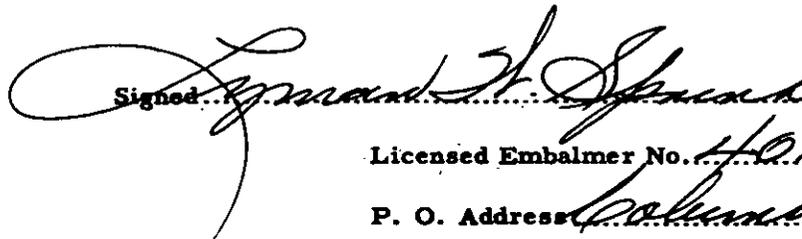
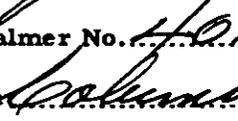
(Licensed Embalmer's, Statement on Reverse Side)

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 ,
Licensed Embalmer No. 40
P. O. Address 

**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.**