

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15125**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Stanberry		c. CITY OR TOWN Darlington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 mo.		e. STREET ADDRESS (If rural, give location) 0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION Graves Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Lora b. (Middle) D c. (Last) Shoemaker	4. DATE OF DEATH (Month) May (Day) 20 (Year) 55
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 30, 1885	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 10 Days 20	IF UNDER 24 HRS. Hours 20 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Gentry Co.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Nichols	13b. MOTHER'S MAIDEN NAME Mary Goodman	14. NAME OF HUSBAND OR WIFE Burriss Shoemaker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edith Adams	ADDRESS Darlington
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension and arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 447x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 Oct. 6, 1952, to May 19, 1955, that I last saw the deceased alive on May 19, 1955, and that death occurred at 9:40 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert R. Barlin M.D.	23b. ADDRESS Stanberry, Mo.	23c. DATE SIGNED 5-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 22, 55	24c. NAME OF CEMETERY OR CREMATORY Rouse	24d. LOCATION (City, town, or county) (State) Darlington MO
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DATE REC'D BY LOCAL REG. 5-28-55	REGISTRAR'S SIGNATURE Maudie Williams	25. FUNERAL DIRECTOR'S SIGNATURE Alfred Brock	ADDRESS Albany MO
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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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Effort Brooks*.....

Licensed Embalmer No. 3329.....

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