

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15125

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>		c. LENGTH OF STAY (in this place) <u>7 mo.</u>		c. CITY OR TOWN <u>Darlington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Graves Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>0380</u>			
3. NAME OF DECEASED (Type or Print) <u>Lora</u>		a. (First) <u>D</u>		b. (Middle)		c. (Last) <u>Shoemaker</u>	
4. DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>55</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, <u>Widowed</u>	
8. DATE OF BIRTH <u>June 30, 1885</u>		9. AGE (in years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>		11. IF UNDER 18 Hrs. Hours <u>20</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Goodman</u>		14. NAME OF HUSBAND OR WIFE <u>Burris 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>Edith Adams</u>		ADDRESS <u>Darlington Mo</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>Hypertension and arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Oct. 6, 1952</u> , to <u>May 19, 1955</u> , that I last saw the deceased alive on <u>May 19, 1955</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clifford L. Barlin M.D.</u>				23b. ADDRESS <u>Stanberry, Mo.</u>		23c. DATE SIGNED <u>5-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rouse</u>		24d. LOCATION (City, town, or county) (State) <u>Darlington MO</u>	
DATE REC'D BY LOCAL REG. <u>5-28-55</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Barlin</u>		ADDRESS <u>Albany Mo</u>	

(Discard Embalmers' 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 emb

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*

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.

16 this body is not embalmed, fact should be so stated above.