

FILED JUN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15976

State File No.

BIRTH NO.		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5718</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>near So. West City</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY OR TOWN <u>So. West City</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>none</u>				e. STREET ADDRESS (If rural, give location) <u>8 miles North</u> 0600			
3. NAME OF DECEASED (Type or Print) <u>Roa Lee Shumaker</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Janu. 3 1895</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 12 HRS. <u>29</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife in own home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Deleware Co. I.T. Oklahoma /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oliver Meadows</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Lou Pollan</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Shumaker</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 ADDRESS <u>Frank Shumaker RR 1 So. West City, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia - Mental deterioration</u>				DUE TO (b) <u>arterial sclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>334X</u> Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>no</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-14-1955</u> , to <u>6-2-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-14-</u> , 19 <u>55</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. W. Walker MD</u>				23b. ADDRESS <u>Grove, Oklahoma</u>		23c. DATE SIGNED <u>6/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olympus Cemetery Grove, Deleware Co. Oklahoma</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>6-7-55</u>		REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Worley funeral Home</u>		ADDRESS <u>Grove, Oklahoma</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS
MAR 23 1960

OCT 18 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.