

No. 300
10-48

FILED JUL 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19694

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

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (In this city) 2 Days		c. CITY OR TOWN New Castle		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital				e. STREET ADDRESS (If rural, give location) 716 So 22nd Street 813 rd 8			
3. NAME OF DECEASED (Type or Print) a. (First) Edgar			b. (Middle) Dallas		c. (Last) Shoemaker		4. DATE OF DEATH (Month) (Day) (Year) July 6 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24 1883		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 1	11. UNDER 1 HRS. Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Greensberg Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Blaskley Shoemaker			13b. MOTHER'S MAIDEN NAME Mary E Myers		14. NAME OF HUSBAND OR WIFE Zeva Shoemaker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Zeva I Shoemaker			
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) Cardiac Failure INTERVAL BETWEEN ONSET AND DEATH 12 hrs. ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage 36 hrs. DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 391 X				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. 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?			
22. I hereby certify that I attended the deceased from 7-5-1955, to 7-6-1955, that I last saw the deceased alive on 7-6-1955, and that death occurred at 7:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ervin J. Maveal DO				23b. ADDRESS Waynesville, Missouri		23c. DATE SIGNED 7/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/7/1955	24c. NAME OF CEMETERY OR CREMATORY Muncie Cemetery		24d. LOCATION (City, town, or county) (State) New Castle Indiana		
DATE REC'D BY LOCAL REG. 7-7-55		REGISTRAR'S SIGNATURE Cula [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges		ADDRESS Hedges Funeral Homes Inc Crocker Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-7-55
Pulaski County Health Officer
File Number 4-9-55
Date Filed 4-9-55

5861 ST. JOE

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.....
Clara Grace

Licensed Embalmer No. 4894

P. O. Address *Waynesville*

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.