

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18654

State File No.

318

1003

Registrar's No. 4827

BIRTH NO. _____		REG. DIST. (NO.) _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 4827		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) 12 yrs.		c. CITY OR TOWN St. Louis		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 825 Bremen Avenue				e. STREET ADDRESS (If rural, give location) 26 825 Bremen Avenue (?) 22670				
3. NAME OF DECEASED (Type or Print) a. (First) NOVA b. (Middle) _____ c. (Last) SHOMAKER			4. DATE OF DEATH (Month) (Day) (Year) May 17 1956					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 7, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Carter County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WM. Usery			13b. MOTHER'S MAIDEN NAME Sarah Higgins		14. NAME OF HUSBAND OR WIFE Frank Shonaker (Deceased)			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lula Miles 1443 East Obeare Ave.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis Acute cardiac ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 months 10 yrs 15 yrs	
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) 420.0				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 5-17-56			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 5/17/56 , 19 56 , to 5/17/56 , 19 56 , that I last saw the deceased alive on 5/17/56 , 19 56 , and that death occurred at 10:00 P.M. 10:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Robt. W. Crossman (Degree or title) _____				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 5/18/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Motor)		24b. DATE May 19, 1956		24c. NAME OF CEMETERY OR CREMATORY Draskill Cemetery		24d. LOCATION (City, town, or county) (State) Van Buren, Missouri		
DATE REC'D BY LOCAL REG. MAY 18 1956		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suedneyer & Son's 3934 N. 20th Street.				

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Gustav W. Dieter*.....

Licensed Embalmer No. *43*.....
P. O. Address *St. Louis*.....

**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.**