

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38987**

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Sedalia</u>		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 <u>234 South Vermont</u>				STREET ADDRESS (If rural, give location) <u>234 South Vermont</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>D.</u>		c. (Last) <u>SHOEMAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 18, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 27, 1873</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work performed most of working life, even if retired) <u>Retired Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.K.T. Railroad Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eligah Hook Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Rose</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel</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>702-10-9160</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Shoemaker, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia.</u> <u>24 hours.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases to Left Lung.</u> <u>?</u>					
		DUE TO (c) <u>Lympho-Sarcoma of Left Tonsil.</u> <u>8 mos.</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u> <u>Over 2 years.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>PLEASE SEE OTHER SIDE.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2001</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		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>May 1956, 19</u> to <u>Nov. 18th, 1956</u> that I last saw the deceased alive on <u>Nov. 17th 56</u> and that death occurred at <u>10.55 p.m.</u> the causes and on the date stated above.							
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>II-20-56.</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/20/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-20-56</u>		REGISTRAR'S SIGNATURE <u>Devina Cooney Dept</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Beckert, Sedalia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

This man was sent to the M.K.T.R.R.Hospital, Denison, Texas. A biopsy was done there and the patient was treated with radium needles and deep X Ray therapy. It is my impression that the biopsy showed a Lympho-~~###~~ Sarcoma, which despite the therapy given was recurrent.

*J.W. B. Carline M*  
11-20-56-

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 *Russell C. Maag*

Licensed Embalmer No. ....  
P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.