S. No. 300
v. 10.48

FILED MAY 23 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

'57 017883
State File No.

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 4307 Registrar's No. 8

**1. PLACE OF DEATH**
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): RockyComfort 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural RockyComfort
d. STREET ADDRESS (If rural, give location): RockyComfort, Mo. R# 1000

**3. NAME OF DECEASED** (Type or Print)
a. (First): Hessie
b. (Middle): Jewel
c. (Last): Shewmake

**4. DATE OF DEATH** (Month) (Day) (Year): May 15 1957

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 3 1902
**9. AGE** (In years last birthday): 54 — If under 1 year: Months 10, Days 12, 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**: Housewife
**11. BIRTHPLACE** (City and State or Foreign Country): Powell Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: William J. Fox
**13b. MOTHER'S MAIDEN NAME**: Susan Frazier
**14. NAME OF HUSBAND OR WIFE**: Ernest L. Shewmake
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Ernest L. Shewmake — ADDRESS: RockyComfort, Mo.

**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) Myocardial decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiorenal hepatic syndrome — 2 yrs.
DUE TO (c) Metastatic C.A. - Liver — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Primary Carcinoma Rectum + sigmoid colon — 5 yrs.

154 X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Surgery - colostomy 6 mos. ago.
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3/5, 1957, *to* 5/15, 1957, *that I last saw the deceased alive on* 5/14, 1957, *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Fred R. Clark D.O.
**23b. ADDRESS**: Wheaton, Mo.
**23c. DATE SIGNED**: 5/16/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5-17-57
**24c. NAME OF CEMETERY OR CREMATORY**: RockyComfort Cem.
**24d. LOCATION** (City, town, or county) (State): RockyComfort, Mo.

DATE REC'D BY LOCAL REG.: May 20, 1957
REGISTRAR'S SIGNATURE: P. E. Plumlee
25. FUNERAL DIRECTOR'S SIGNATURE: W. Morris Pope — ADDRESS: Wheaton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

17 & 2

## 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 _____
Student Embalmer

Signed James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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 this body is not embalmed, fact should be so stated above.