

FILED AUG 16 1957

## STANDARD CERTIFICATE OF DEATH

State File No. 28719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madco			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (In this place) 20 minutes		c. CITY OR TOWN Bevier		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital				e. STREET ADDRESS (If rural, give location) 06170			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) James c. (Last) Shoemaker			4. DATE OF DEATH (Month) (Day) (Year) 7 30 57				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 11-29-42	
9. AGE (In years last birthday) 14		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy		11. BIRTHPLACE (City and State or Foreign Country) Bevier Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Everett Shoemaker			13b. MOTHER'S MAIDEN NAME Mary Ellen Fugate			14. NAME OF HUSBAND OR WIFE -----	
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Shoemaker Bevier, Missouri			
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) Basilar Skull Fracture (left)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accidental-Motorcycle accident DUE TO (c) Left arm amputated above elbow				INTERVAL BETWEEN ONSET AND DEATH 70 minute	
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	
19c. AUTOPSY? <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)		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 8-21-57, 19____, to 7-30-57, 19____, that I last saw the deceased alive on 7-30-57, 19____, and that death occurred at 9:55P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank H. Coffin, D. O.				23b. ADDRESS 106 1/2 Vine, Macon, Mo		23c. DATE SIGNED 8-5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-2-57		24c. NAME OF CEMETERY OR CREMATORY West Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Bevier, Missouri	
DATE REC'D BY LOCAL REG. 8/5/57		REGISTRAR'S SIGNATURE Ruth M. Reedy		25. FUNERAL DIRECTOR'S SIGNATURE H. Edwards		ADDRESS Bevier, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 21 1957

8.21.57  
8.15.57  
DARK EMBALM

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 *H. G. Edmonson*.....

Licensed Embalmer No...1961...

P. O. Address .....Bevier, Missou

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.