

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008782
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 31

Primary Registration District No. 5106

Registrar's No. 6

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Cole Township TOWN Cole Township		c. CITY OR TOWN Cole Township Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 20 Miles S. Cole Camp		d. STREET ADDRESS 20 Miles S. Cole Camp	
3. NAME OF DECEASED (Type or print) First Julius Middle -- Last Shoemaker		4. DATE OF DEATH Month March Day 29th Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 6th 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
13. FATHER'S NAME Thomas Shoemaker		14. MOTHER'S MAIDEN NAME Anna Critten	
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 Henry Boatright		Address Cole Camp Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis and myocardial Infarction			1 hr.
DUE TO (c) Arteriosclerosis (advanced)			10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 0		
20c. TIME OF INJURY Hour 8:00 a. m. pm Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dead on arrival and last saw ^{her} _{him} alive on _____ Death occurred at 8:00 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Guus J. D. [Signature] (Describe or title)		22b. ADDRESS 2616 Warsaw, Mo.	
22c. DATE SIGNED 4/1/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 1st 1958	23c. NAME OF CEMETERY OR CREMATORY Brushy Creek Cemetery	23d. LOCATION (City, town, or county) (State) Benton County Mo
24. FUNERAL DIRECTOR E L Eickhoff ADDRESS Cole Camp Mo		25. DATE RECD. BY LOCAL REG. April 1st 1958	26. REGISTRAR'S SIGNATURE E L Eickhoff

(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 *Charles J. Fay*

Licensed Embalmer No. *46*

P. O. Address *Colo. Can.*

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.