

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-009392  
State File No.

FILED APR 11 1958

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>40 mins</u>		c. CITY OR TOWN <u>Hammersville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Gen Ave 0358</u>			
3. NAME OF DECEASED a. (First) <u>STONEWALL</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>SHUMAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-31-1958</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/5/1879</u>	
9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McCool Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Site Shumaker</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Harris</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ralph Deason Hammersville</u> ADDRESS _____			
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) <u>Auto Congestive failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>700.</u>
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) <u>4200</u> (COUNTY) _____ (STATE) <u>2</u>			
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 <u>1/1</u> , 19 <u>55</u> , to <u>3/31</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3/31</u> , 19 <u>58</u> , and that death occurred at <u>2 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. P. Polush</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hammersville Mo</u>		23c. DATE SIGNED <u>4/1/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/1/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hammersville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hammersville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-4-1958</u>		REGISTRAR'S SIGNATURE <u>Earl J. Hershman</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Emerson T. Sanson</u> ADDRESS <u>Janelara Ark.</u>			

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 4-7-58  
COUNTY FILE NUMBER 458

**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 *W. F. Ement*.....

Licensed Embalmer No. 352.....

P. O. Address *Janshaw*.....

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.