

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015358
State File No.

FILED MAY 13 1958

BIRTH NO.		REG. DIST. NO. <u>294</u>	PRIMARY REG. DIST. NO. <u>2056</u>	Registrar's No. <u>117</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wayland township</u> <u>0210</u>		
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. N. E. of Salisbury</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Owen</u> c. (Last) <u>Shoemaker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEATH May 7, 1958</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>Sept. 10, 1892</u>	9. AGE (In years last birthday) <u>65</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Keytesville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wallace Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lee Craig</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Shoemaker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>498-32-0508</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Shoemaker, Salisbury 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive 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>2 mo.</u> <u>? /</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) (COUNTY) (STATE) <u>443X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>march</u> , 19 <u>58</u> , to <u>May 7</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>may 7</u> , 19 <u>58</u> , and that death occurred at <u>2:55a.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>A. Noel Reins</u>		23b. ADDRESS <u>D.O. Moberly, Missouri</u>	23c. DATE SIGNED <u>5-8-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/10/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Keytesville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-10-58</u>	REGISTRAR'S SIGNATURE <u>Locher</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B Weikelmeyer, Salisbury Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

269

MAY 21 1958

MAY 14 1958

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

Chas B Wilhelmeyer

Licensed Embalmer No. 38420

P. O. Address Salisbury, 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.