

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015426
STATE FILE NUMBER

FILED MAY 7 1958

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 13

Health, Welfare Public Service

0930
300
1-56

All symptoms will be listed. All diseases in Part I must be causally 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 <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Appleton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>			Length of stay in 1b <u>4 yr.</u>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>John Vivian Shoemaker</u>				4. DATE OF DEATH <u>Apr. 30-58</u>			
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 28-1908</u>		9. AGE (In years last birthday) <u>49</u>	
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		11. BIRTH PLACE (City and state or country) <u>Rockville, Bates Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>Wanna Shoemaker</u>				14. MOTHER'S MAIDEN NAME <u>Florence Peruviance</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>491-42-628</u>		17. INFORMANT <u>Mrs John Shoemaker</u> Address <u>Appleton City, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>RHEUMATIC HEART DISEASE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>30 YEARS</u> <u>416X</u> <u>SHD</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		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 _____	
20g. COUNTY _____		20h. STATE _____		21. I attended the deceased from <u>NOV 1954</u> to <u>PRESENT NOW</u> and last saw ^{her} him alive on <u>APRIL 1958</u> . Death occurred at <u>DOA (5:20) p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert H. Bronsberger</u>				22b. ADDRESS <u>Appleton City Mo.</u>		22c. DATE SIGNED <u>May 2, 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>May 3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kidds Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>St. Clair Co., Mo.</u>		
24. FUNERAL DIRECTOR <u>Olson Eckhoff</u>			ADDRESS <u>Appleton City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 2, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Oles Abney</u>

(Licensed Embalmer's Statement on Reverse Side)

1958

MAY 9

MAR 27 1959

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 *Osman Eckhoff*

Licensed Embalmer No. 39

P. O. Address *Appleton, La*

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.