

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018785

STATE FILE NUMBER

FILED MAY 20 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Galena</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Galena</b>		8150g Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 1/2 mi. E. on Hwy. 66 of Mo.-Kan. State line</b>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1417 E. 12th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Wayne</b> Last <b>Shoemaker</b>			4. DATE OF DEATH Month <b>May</b> Day <b>13</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 30, 1933</b>	9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>4</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Galena, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>William Shoemaker</b>			14. MOTHER'S MAIDEN NAME <b>Fay La Turner</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, city war or dates of service) <b>yes 12/4/52-10/3/56</b>		16. SOCIAL SECURITY NO. <b>515-30-7053</b>	17. INFORMANT <b>William Shoemaker Galena Route 5</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SKULL FRACTURE BASILAR</b> DUE TO (b) <b>PRACTURE BOTH BONES FOREARM</b> 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) <b>Blood Alcohol 210 mgm. percent - presumed intoxication</b>					
INTERVAL BETWEEN ONSET AND DEATH <b>LESS THAN 15 MIN.</b>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>				
20a. ACCIDENT <input checked="" 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.) <b>WAS RIDING IN CAR WHICH LEFT THE ROAD (ALLENEED) INTO ADITCH HIT BANK DECEASED) WAS THROWN OUT CAR OVERTURNED WHEN BACK ON ROAD</b>				
20c. TIME OF INJURY Hour <b>11:00</b> Month <b>5</b> Day <b>13</b> Year <b>58</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S. HIGHWAY 66 1 1/2 MI EAST OF MO.-KAN. LINE, JASPER, MO.</b>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Galena</b>	COUNTY <b>Cherokee</b>	STATE <b>MO.</b>		
21. I attended the deceased from <b>(DID NOT ATTEND)</b> and last saw her/him alive on _____ Death occurred at <b>PROMOUNCED DEAD</b> the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Wendell W. Turner</b> (Degree or title) <b>3</b>			22b. ADDRESS <b>Medical Arts Bldg Joplin Mo.</b>		22c. DATE SIGNED <b>5/14/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5/16/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Galena, Kansas</b>		
24. FUNERAL DIRECTOR <b>Ray L. Darfolt</b> ADDRESS <b>Galena Kansas</b>			25. DATE RECD. BY LOCAL REG. <b>5-14-1958</b>	26. REGISTRAR'S SIGNATURE <b>Worce Merriman</b>	

health, Welfare Public Service  
 04903  
 300  
 1-56  
 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  
 MEDICAL CERTIFICATION

APR 4 1958

Wasp County Health Office  
County File Number 57-5-461  
Date Filed MAY 19 1957

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, ~~only~~....., Student Embalmer No.....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Roy L. Derfelt

Licensed Embalmer No. 494  
P. O. Address Helena, Mont.

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.