

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038713
STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. _____ Primary Registration District No. 6279 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BASCONADE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>MANsfield</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R+I</u>		Length of stay in 1b <u>12 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>1140 R+I</u>
3. NAME OF DECEASED (Type or print) <u>Jason</u>		First Middle Last <u>Shumate</u>	4. DATE OF DEATH Month Day Year <u>NOV. 6 1958</u>

5. SEX <u>M</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>MAY 31, 1892</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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. BIRTHPLACE (City and state or country) <u>WRIGHT County Mo. U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>John Shumate</u>		13b. MOTHER'S MAIDEN NAME <u>Helen C. Wiggington</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA</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>491-42-7900</u>		17. INFORMANT <u>Laura Shumate</u> Address <u>MANsfield 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>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>5 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis of Coronary Arteries</u>		
	DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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 <u>4201</u>	COUNTY	STATE
21. I attended the deceased from <u>Oct 25, 1954</u> to <u>Nov, 5, 1958</u> and last saw him alive on <u>Oct 20, 1958</u> Death occurred at <u>7:42 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>J. D. Callaway, Jr. M.D.</u> (Degree or title)		22b. ADDRESS <u>Springfield Mo</u>		22c. DATE SIGNED <u>Nov 7, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11-8-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>	
24. FUNERAL DIRECTOR <u>Max & Miller</u>		ADDRESS <u>Manfield Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11/12/58</u>	26. REGISTRAR'S SIGNATURE <u>Ronnie J. Jones</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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DEC 17 1956

County File Number
Date Filed 11-13-56

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

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.