

URIAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023653

FILED VS JUN 20 1960 / 69

Primary Registration District No. 4258 Registrar's No. 22

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Knox				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		Length of stay in 1b life		c. CITY OR TOWN Edina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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) First Middle Last FANNIE ISABELLE SHUMATE				4. DATE OF DEATH Month Day Year June 11, 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 26 Mar 1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Edina, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Hunter			13b. MOTHER'S MAIDEN NAME Lavine James			14. NAME OF HUSBAND OR WIFE Charles Shumate		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Carl Shumate			Address Edina, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aphyxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Pulmonary Emphysema DUE TO (c) Chronic Bronchial Asthma							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m.		Month, Day, Year						
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		COUNTY		STATE
21. I attended the deceased from 1957 to June 11, 1960 and last saw her alive on June 11, 1960 Death occurred at 1:00 P on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE C. H. Gibson, D.D. (Degree or title)				22b. ADDRESS Edina, Mo.		22c. DATE SIGNED 6-11-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 13 June '60	23c. NAME OF CEMETERY OR CREMATORY Novelty Cemetery		23d. LOCATION (City, town, or county) Novelty, Mo (State)				
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME ADDRESS Edina, Mo			25. DATE RECD. BY LOCAL REG. June-16-1960		26. REGISTRAR'S SIGNATURE Jill S. Hunter			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. G. Rinier

Licensed Embalmer No. 504

P. O. Address Edina,

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.