

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014460

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 27

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED MAY 5 1961

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Cambria Length of stay in 1b 32 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Macon
c. CITY OR TOWN New Cambria Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Joseph Edgar Shoemaker
4. DATE OF DEATH Month Day Year
April 22, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/19/77 9. AGE (last birthday) 84
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
1 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-Retired. 10b. KIND OF BUSINESS OR INDUSTRY Own farm. 11. BIRTHPLACE (City and state or country) Chariton Co. Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Thomas Shoemaker 13b. MOTHER'S MAIDEN NAME Sadie White 14. NAME OF HUSBAND OR WIFE Hattie Belle Patrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 17. INFORMANT Mrs. J.W. Evans 870^{dr} N. Vancouver Tulsa, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute circulatory collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis
DUE TO (c) Cardiac failure
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Oct 1960 to April 22, 1961 and last saw her/him alive on April 22, 1961
Death occurred at _____ P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James W. Britton, MD 22b. ADDRESS Beverly Mission 22c. DATE SIGNED 4/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/25/1961 23c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery 23d. LOCATION (City, town, or county) New Cambria, Mo.

24. FUNERAL DIRECTOR A. J. Hilliland ADDRESS New Cambria Mo. 25. DATE RECD. BY LOCAL REG. 4/24/61 26. REGISTRAR'S SIGNATURE Ruth M. Greely

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 H. P. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.