S. No. 300
V. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Shaffer

State File No. 37057

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 32

46
0
0

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View
c. LENGTH OF STAY (in this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Howell 46
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4-49

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: April 3, 1858
9. AGE (In years last birthday): 91 — If under 1 year: Months 7, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Miller Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Johnathon Allen
13b. MOTHER'S MAIDEN NAME: Lizzie Whittle
14. NAME OF HUSBAND OR WIFE: Nancy Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial degeneration.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Nephritis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Senile Dementia.

INTERVAL BETWEEN ONSET AND DEATH: 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April *, 19*49*, to* Nov. 4*, 19*49*, that I last saw the deceased alive on* Nov. 4*, 19*49*, and that death occurred at* 7:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R. Shaffer D.O.
23b. ADDRESS: Mtn View Mo.
23c. DATE SIGNED: 11/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-6-49
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Mtn View, Mo.

DATE REC'D BY LOCAL REG.: 11-10-49
REGISTRAR'S SIGNATURE: Laura Mitchell 126
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11/21/49
District Health Officer No. 5,
District File Number 1149 718
Date Filed 11/23/49

NOV 28 1949

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 .....
Student Embalmer

Signed Joe B. Duncan
Licensed Embalmer No. 4325
P. O. Address Mt. View 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 this body is not embalmed, fact should be so stated above.