

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3626

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY WASHINGTON		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE MISSOURI b. COUNTY WASHINGTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CONCORD		c. LENGTH OF STAY (In this place) 11 MONTHS	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CONCORD		1400	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR IRONDALE		d. STREET ADDRESS (If rural, give location) RURAL NEAR IRONDALE	

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) BELLE c. (Last) SHEFFLER			4. DATE OF DEATH (Month) (Day) (Year) JAN 31 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH MARCH 8, 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR 10 23	IF UNDER 100 Hrs. Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LOUISE HARRISON		13b. MOTHER'S MAIDEN NAME EMMA WALLER		14. NAME OF HUSBAND OR WIFE BEN SHEFFLER	
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'S SIGNATURE OR NAME BEN SHEFFLER IRONDALE MO	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hammering of base of brain</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1:30, 1951, to 1-31, 1951, that I last saw the deceased alive on 1-29, 1951, and that death occurred at Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward M. Coffman D.</u>		(Degree or title)		23b. ADDRESS <u>Irondale Mo</u>		23c. DATE SIGNED <u>2-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>2/3/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BIG RIVER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>IRONDALE MO</u>	
DATE REC'D BY LOCAL REG. <u>2-1-51</u>		REGISTRAR'S SIGNATURE <u>Heinie Eichenberger</u>		338		25. FUNERAL DIRECTOR'S SIGNATURE <u>But L. Bays, Leadwood, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FEB 21 1951

RECEIVED

FEB 7 1951

WASH. COUNTY HEALTH DEPT.

File No. 25/63

FEB 13 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed William E. Bayne

Signed
Student Embalmer

Licensed Embalmer No. 9730

P. O. Address Radwood, 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.