. No. 300
. 10.48

FILED MAY 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17358

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 7-51

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage Beach 0650
d. STREET ADDRESS (If rural, give location): Star Route #3 1

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

4. DATE OF DEATH (Month) (Day) (Year): May 11-51

5. SEX: male
6. COLOR OR RACE: wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan-12-1878
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Quincy Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Shaffer
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: John Thomas Wilson

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: Mrs John Shaffer (as above) 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) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Bronchiectasis + Lens — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Urinary obstruction due to Hypertrophy of prostate — 1 year

19a. DATE OF OPERATION: 5-9-51
19b. MAJOR FINDINGS OF OPERATION: Prostatic Hypertrophy - begeign
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? 4222

22. *I hereby certify that I attended the deceased from* May 4, 1951, *to* May 11, 1951, *that I last saw the deceased alive on* May 11, 1951, *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphreys D.O. (Degree or title)
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 5-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13-57
24c. NAME OF CEMETERY OR CREMATORY: Conway
24d. LOCATION (City, town, or county) (State): Camden Mo

DATE REC'D BY LOCAL REG.: May 18, 1951
REGISTRAR'S SIGNATURE: Mrs Richard L. Wright
25. FUNERAL DIRECTOR'S SIGNATURE: Bankson-Woolery ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

9660
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RECEIVED
MAY 21 1951
MILLER COUNTY HEALTH
DEPARTMENT

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 Abbie Bankson Woolere

Licensed Embalmer No. 2488

P. O. Address Camdenton, I

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.