

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26268

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY Butler 0120		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Poplar Bluff 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff 0124	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 60 West		d. STREET ADDRESS (If rural, give location) 929 W. Pine	

3. NAME OF DECEASED (Type or Print)	a. (First) BRUCE	b. (Middle) ORRIAN	c. (Last) SHAFFER	4. DATE OF DEATH (Month) (Day) (Year) 8/31/1951
-------------------------------------	------------------	--------------------	-------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/27/1907	9. AGE (In years last birthday) 44	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
-------------	------------------------	--	----------------------------	------------------------------------	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (State or foreign country) Mendon, Illinois	12. CITIZEN OF WHAT COUNTRY? US
---	---	--	---------------------------------

13a. FATHER'S NAME MELVIN Melton T. Shaffer	13b. MOTHER'S MAIDEN NAME (Include Capital) BEALLS FORD CAPITAL Beallsford	14. NAME OF HUSBAND OR WIFE Mildred Shaffer
---	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Shaffer Poplar Bluff, Mo
---	-------------------------	--

18. CAUSE OF DEATH Enter only one cause per number for (a), (b), and (c)  This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatism by trailer truck.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Run over by Truck after he was knocked out of his automobile DUE TO (c) 68161		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		68161	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 01226	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler Missouri
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/31/1951 7P m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Wreck
---	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Greer W. Greer Coroner	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED Sept 2-51
---	-------------------------------------	----------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 9/3/1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
---	--------------------	--	--

DATE REC'D BY LOCAL REG. Sept 3 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo
--------------------------------------	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD CORRECT BY AFF. SEPT. 29 (1951)

RECEIVED

1961 9 6 SEP 6 1961

BUTLER CO. HEALTH CENTER

FILE No. 951-390

OCT 3 1961

SEP 17 1961

210'S  
1961

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 Grover W. Wheeler

Licensed Embalmer No. 2964

P. O. Address Cooper Bluff, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 26268

County of Butler } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. ....

On this 21 day of September, 1951, before me appears

Mildred Shaffer, who, upon her oath, states that the original record of <sup>birth</sup> death

for Bruce Orrin Shaffer <sup>died</sup> ~~born~~ August 31, 1951, in the State of

Missouri, and which was filed at Poplar Bluff, Mo. on Sept. 1, 1951, should be corrected as follows:

Item No. 2 - d should read 922 West Pine

Instead of 924 West Pine

Item No. 13 - a should read Melvin T. Shaffer

Instead of Melton Shaffer

Item No. 13 - b should read Capitola Brelsford

Instead of Capitala Bulsford

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Mildred S. Shaffer <sup>Widow</sup>  
Relationship.

922 W. Pine, Poplar Bluff, Mo.

Present Address.

Subscribed and sworn to before me this 22 day of Sept, 1951

My Commission expires 8/15/1953 John E. Howard Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.