

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27176

State File No. ....

FILED JUL 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1949

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u> c. LENGTH OF STAY (in this place) <u>20 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2226-SIMS, AVE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u> c. CITY OR TOWN <u>OVERLAND</u> d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>2226-SIMS, AVE</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>A</u> c. (Last) <u>SHIFFLETT</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JULY 11 1953</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Aug 6, 1882</u>
<b>9. AGE</b> (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Athens Kentucky</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during the most of working life, even if retired) <u>Retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>John O. Shifflett</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emme Gillon</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Myrtle Shifflett</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>493-10-2952</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>John Shifflett</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Long hrs -</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hrs.</u>  <u>4 yrs.</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Dec 15, 1941</u>, to <u>July 11, 1953</u>, that I last saw the deceased alive on <u>July 7, 1953</u>, and that death occurred at <u>9:15 A.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. H. H. Woodson</u>		<b>23b. ADDRESS</b> <u>2573 Woodson</u>	<b>23c. DATE SIGNED</b> <u>July 11-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>7/15/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Wellston MO</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>7-15-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donke, M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Baumann 13205 2nd</u> <u>2504 Woodson Rd, Overland 1420</u>

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~~ *me* ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Osceola F. Mueller* .....

Licensed Embalmer No. *3039*

P. O. Address *Oakland, Cal.*

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.