

FILED SEP 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32166 Registrar's No. 423

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200		Registrar's No. 423	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived; if institutional residence, give institutional address) a. STATE Missouri b. COUNTY Jasper			
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (in this place) 60 years		c. CITY OR TOWN Joplin		d. STREET ADDRESS (If rural, give location) 614 Porter Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 614 Porter Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L. c. (Last) Shofer			4. DATE OF DEATH (Month) (Day) (Year) 9-7-1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-24-1885	
				9. AGE (in years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinery Co.	
				11. BIRTHPLACE (State or foreign country) Newton Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John A. Shofer			13b. MOTHER'S MAIDEN NAME Mary Elizabeth Spivey		14. NAME OF HUSBAND OR WIFE Etta		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None		16. SOCIAL SECURITY No. 493-16-1438A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Etta Shofer 614 Porter Ave. Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Valvular Lesions. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4214	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Aug 14, 1953, to Sept 7, 1953, that I last saw the deceased alive on Sept 7, 1953, and that death occurred at 8:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Douglas M.D.			23b. ADDRESS 210 West 32nd Joplin Mo		23c. DATE SIGNED 9/9/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-1953	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City Mo.		
DATE REC'D BY LOCAL REG. 9-18-53		REGISTRAR'S SIGNATURE Ed S. Garner 138		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) By Sallis Tompkins at Thornhill-Dillon Mort. Joplin Mo.			

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

RECEIVED SEP 21 1953

Jasper County Health Office

County File Number 53-9-~~556~~ 759

Date Filed SEP 21 1953

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.....
Student Embalmer

Signed David E. Bellon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.