

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7618**

No. 300
10.48

FILED MAR 17 1954

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 63
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY OR TOWN Novinger	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 14 Wks		e. STREET ADDRESS (If rural, give location) R. F. D.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) Otto c. (Last) Shafer			4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1871	9. AGE (In years; last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Soloman Otto		13b. MOTHER'S MAIDEN NAME Fannie Tinsman	14. NAME OF HUSBAND OR WIFE Cora Shafer	
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 Cora Shafer, Novinger, 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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chronic DUE TO (c) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH 1 day 6 mos 5 mo.
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 <u>now</u>, 19<u>54</u>, to <u>Mar 13</u>, 19<u>54</u>, that I last saw the deceased alive on <u>Mar 13</u>, 19<u>54</u>, and that death occurred at <u>12:50</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Ralph D. Stickler M.D.		23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 3-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/15/54	24c. NAME OF CEMETERY OR CREMATORY Lutz	24d. LOCATION (City, town, or county) (State) Adair County, Mo.	
DATE REC'D BY LOCAL REG. 3-16-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul K. ...	ADDRESS Kirksville, Mo.	

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

JAN 14 1963

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.....
Signature of Student Embalmer

Signed *George W. Davall*.....

Licensed Embalmer No. *472*

P. O. Address *Kirksville*.....

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.