

FILED MAY 18 1954

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

State File No. 17589

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, write RURAL and give township) Slater
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jarvis Conv. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Saline
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp
d. STREET ADDRESS (If rural, give location) 4 mi west of Glasgow 0970

3. NAME OF DECEASED (First) (Middle) (Last)
GEORGE — Shaffer

4. DATE OF DEATH (Month) (Day) (Year)
May 5, 1954

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never married

8. DATE OF BIRTH Feb. 11, 1890

9. AGE (In years last birthday) 64
If under 1 year: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming

10b. KIND OF BUSINESS OR INDUSTRY
Own Farm

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Daniel Shaffer

13b. MOTHER'S MAIDEN NAME
Ada

14. NAME OF HUSBAND OR WIFE
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. John Gendoff, William Dr.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis
ANTECEDENT CAUSES Failure
Generalized arteriosclerosis
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
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4221

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952 to 5-5, 1954 that I last saw the deceased alive on 5-4, 1954 and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
C. U. McBurney, M.D.

23b. ADDRESS
Slater, Mo.

23c. DATE SIGNED
5/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
May 7, 1954

24c. NAME OF CEMETERY OR CREMATORY
William

24d. LOCATION (City, town, or county) (State)
William Mo

DATE REC'D BY LOCAL REG.
5/10/54

REGISTRAR'S SIGNATURE
Mrs. Carl Metz-Cuddeley

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Trinmouth Glasgow Mo

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

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.....

E. D. Friemuth

Signed.....
Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.