

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18545

FILED JUN 21 1954

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4194		Registrar's No. 5-9		
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gentry				
d. FULL NAME OF HOSPITAL OR INSTITUTION Albany Rest Home				d. STREET ADDRESS (If rural, give location) 0280 0				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Arthur c. (Last) Shaffer			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1954					
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 15, 1866		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Days 8	IF UNDER 10 MIN. Hours 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Worth Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Benjamin F. Shaffer			13b. MOTHER'S MAIDEN NAME Alpha Hinote			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dave Shaffer Gentry, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver INTERVAL BETWEEN ONSET AND DEATH 6 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561					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)				
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 Mar. 15, 1954, to June 13, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 6 A. M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C. J. Pray, D.D. Albany, Mo.				23b. ADDRESS		23c. DATE SIGNED 6-14-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/15/54	24c. NAME OF CEMETERY OR CREMATORY New Friendship		24d. LOCATION (City, town, or county) (State) Gentry Mo.			
DATE REC'D BY LOCAL REG. June 13-54		REGISTRAR'S SIGNATURE Maude Williams		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Brooks		ADDRESS Albany Mo.		

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

3804

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
Student Embalmer

Signed

Charles Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.