

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19476  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5614 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>3 mi. S. W. Plevna, Mo</u> )		c. CITY (If outside corporate limits, write RURAL and give township: OR TOWN <u>3 mi. S. W. of Plevna, Mo</u> )	
c. LENGTH OF STAY (in this place) <u>23 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>05-20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) <u>Chester</u>	
c. (Last) <u>Shofstall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 20, 1886</u>
9. AGE (In years last birthday) <u>67</u>		10. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Leonard, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Shofstall</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Vandiver</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Iva Shofstall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iva Shofstall</u> ADDRESS <u>Leonard, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES (b) <u>Suicide by hanging (rope)</u>		DUE TO (c) <u>Depression</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (c) <u>Depression</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E974 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm barn</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bombon Knox MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-27-54 5:45 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Suicidal hanging (rope)</u>		22. I hereby certify that I attended the deceased from <u>6-27-54, 10</u> to <u>6-27-54, 10</u> (that I last saw the deceased give on <u>been saw</u> that death occurred at <u>5:45 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>William H. Hester, DO</u>		23b. ADDRESS <u>Deputy Coroner, Plevna Hospital - Edina, Mo.</u>	
23c. DATE SIGNED <u>6-30-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>3 1/2 M. So Plevna, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Sumner</u> ADDRESS <u>Edina, Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 30, 54</u>		REGISTRAR'S SIGNATURE <u>Gelle J. Hunold</u>	

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

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**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 .....  
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.