

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25636

BIRTH NO.		REG. DIST. NO. 75	PRIMARY REG. DIST. NO. 5300	Registrar's No. 61
1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY CLINTON		
b. CITY OR TOWN Rural Platt Town	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN LATHROP	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 0259		
3. NAME OF DECEASED (Type or Print) a. (First) Don Thomas		b. (Middle) Shaffner	c. (Last) Shaffner	
4. DATE OF DEATH (Month) (Day) (Year) Aug 19-1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 25 1937	
9. AGE (In years) (If under 18, last birthday) 18		10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) LATHROP MO
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME SAM Shaffner		13b. MOTHER'S MAIDEN NAME Marie Parks		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAM Shaffner LATHROP 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) Fracture of cervical vertebra fracture of skull. ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Acc.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Co. Highway		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) CLINTON CLINTON MO
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? TRUCK OYER TURNED
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE (Type or Print) Ott F. Reissner DO		23b. ADDRESS Lathrop MO		23c. DATE SIGNED Aug 20 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Aug 21 1953		24c. NAME OF CEMETERY OR CREMATOR Y LATHROP CEMETERY LATHROP MO
24d. LOCATION (City, town, or county) (State) LATHROP MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS De Mores Crunk Clinton MO		
DATE REC'D BY LOCAL REG. 8-22-55		REGISTRAR'S SIGNATURE Winifred W. Moser		

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. *250*.....

P. O. Address *[Handwritten Address]*.....

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.