Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31683

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LOUISIANA — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 107 FRANKFORD — Length of stay in 1b: 20 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA 08 — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 107 FRANKFORD RD — Reside on Farm: Yes ✓ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle OLIVER Last SHUFORD, JR.
4. DATE OF DEATH: Month SEPT. Day 13 Year 1956
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: NOV. 30, 1921
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: 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: AGRICULTURE
11. BIRTHPLACE (City and state or country): MARION CO. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN OLIVER SHUFORD
14. MOTHER'S MAIDEN NAME: FRANCES E. ELZEA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-26-8953
17. INFORMANT: J. O. SHUFORD — Address: LOUISIANA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Diabetes Insipidus — INTERVAL BETWEEN ONSET AND DEATH: no zero
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Mal-Nutrition 272X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): None
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1941, to 9/13/56 and last saw her/him alive on 8/30/56
Death occurred at 4:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Louisiana, Missouri
22c. DATE SIGNED: 9/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 9-15-1956
23c. NAME OF CEMETERY OR CREMATORY: LOUISIANA MEMORIAL GARDENS
23d. LOCATION (City, town, or county) (State): LOUISIANA, MO.
24. FUNERAL DIRECTOR — ADDRESS: GEO. M. COLLIER - LOUISIANA, MO.
25. DATE RECD. BY LOCAL REG.: SEPT. 15, 56
26. REGISTRAR'S SIGNATURE: Bernice Collier

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 383

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.