

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4121

FILED MAR 8 1957

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 88

300
1-56

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.

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Moberly</u> 0883 0	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Mary's Hosp</u>		d. STREET ADDRESS <u>423 S. Clark</u> (If outside, give location)	
Length of stay in hb <u>5 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>BERNARD</u> Last <u>SHIFLETT</u>		4. DATE OF DEATH Month <u>March</u> Day <u>3rd</u> Year <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 25 1909</u>
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u> Hours <u>-</u> Min. <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Government</u>	11. BIRTHPLACE (City and state or country) <u>Randolph County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>George Thomas Shiflett</u>	
14. MOTHER'S MAIDEN NAME <u>Emma Lam</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>493-09-9397</u>		17. INFORMANT <u>Mrs Blanche Shiflett: Moberly, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peptic ulcer</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>5400</u>
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			21. I attended the deceased from <u>Jan 21, 1957</u> to <u>Mar. 3, 1957</u> and last saw ^{her} him alive on <u>3-2-57</u> Death occurred at <u>Jefferson City, Mo.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo.</u>	
20g. COUNTY _____		20h. STATE _____	
22a. SIGNATURE <u>George B. Jefferson</u> (Degree or title)		22b. ADDRESS <u>Jefferson City, Mo.</u>	
22c. DATE SIGNED <u>3-4-57</u>		22d. SIGNATURE <u>R.P. Dornier, M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 5th '57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
24. FUNERAL DIRECTOR <u>Patton Funeral Home Huntsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6 March 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Dornier, M.D.</u>

MAR 22 1957

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 *Donald P. Freeman*
Donald P. Freeman
Licensed Embalmer No. 462

P. O. Address Jefferson Co.
Missouri

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