

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1957

BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5949** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 mile E. Bowling Green		c. CITY OR TOWN Louisiana	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 117 S. 7th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 54			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Shaffer	4. DATE OF DEATH 3-2-57					
5. SEX M	6. COLOR OR RACE W D	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 7, 1941	9. AGE (In years last birthday) 15	If UNDER 1 YEAR Months 9 Days 25	If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Davenport Iowa 1		12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME John H. Shaffer	13b. MOTHER'S MAIDEN NAME Hazel Dawn Perry	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 490-42-8404	17. INFORMANT'S SIGNATURE OR NAME Dr. Darrel Zillmer	ADDRESS Louisiana, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) automobile accident 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 None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 54	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bowling Green Pike 082 Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 2-57 10:40 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Subject lost control and care overturned
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **alive on March 2, 1957**, and that death occurred at **10:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. O. Mudd Coroner 3	23b. ADDRESS Bowling Green Mo.	23c. DATE SIGNED March-3-57
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24a. BURIAL, CREMATION, REBURNAL (Specify) Burial	24b. DATE 3-5-57	24c. NAME OF CEMETERY OR CREMATOR Summit Cemetery	24d. LOCATION (City, town, or county) (State) Bettendorf Iowa
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DATE REC'D BY LOCAL REG. 3-5-57	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE J. O. Mudd	ADDRESS Bowling Green, Mo.
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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 *James P. Muel*

Licensed Embalmer No. *4157*

P. O. Address *Beverly Hills*

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.