

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12325**

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4066** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Kingston		c. CITY OR TOWN Kingston	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Bessie	b. (Middle) Pauline	c. (Last) Shaffer	4. DATE OF DEATH (Month) (Day) (Year) 4 18 57
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov-2-1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Braymer, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James S. Nickols	13b. MOTHER'S MAIDEN NAME Nancy Asberry Gastineau	14. NAME OF HUSBAND OR WIFE George Shaffer
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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)	16. SOCIAL SECURITY NO. 49I-28-5252	17. INFORMANT'S SIGNATURE OR NAME George Shaffer, Kingston, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Metastatic Carcinoma Both Lungs		3 mo.?
	DUE TO (c) Primary Carcinoma Cecum		about 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum with nodal Metastasis.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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?

22. I hereby certify that I attended the deceased from **June 13, 1957** to **April 18, 1957**, that I last saw the deceased alive on **4/18, 1957**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Booth	(Degree or title) M.D.	23b. ADDRESS Hamilton Mo.	23c. DATE SIGNED 4/19/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-20-1957	24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery	24d. LOCATION (City, town, or county) (State) Kingston, Missouri
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DATE REC'D BY LOCAL REG. Apr 30-57	REGISTRAR'S SIGNATURE Bladya Jones	25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark, Kingston, Mo.	ADDRESS
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(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 *Cramer Clark*

Licensed Embalmer No... 3257

P. O. Address Kingston, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.