

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **16052**

FILED JUN 10 1957

Registration District No. 1 Primary Registration District No. 300.0 Registrar's No. 209

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 causally 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>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Kirksville,</u> <u>00/30</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Arnold Lumber Co.</u>		d. STREET ADDRESS <u>702 E. Washington St</u>	
3. NAME OF DECEASED (Type or print) First <u>Lloyd</u> Middle <u>A.</u> Last <u>Shafer</u>		4. DATE OF DEATH Month <u>June</u> Day <u>4,</u> Year <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Aug. 13, 1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ass't Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Arnold Lumber Co.</u>	11. BIRTHPLACE (City and state or country) <u>Adair County, Mo.</u>
13. FATHER'S NAME <u>Fred Shafer</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Bell Jones</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>490-10-6744</u>	17. INFORMANT Address <u>Mrs. Mildred Shafer, Kirksville, 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>Self Inflicted Gun Shot wound in Left Chest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</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 type="checkbox"/> NO <input checked="" 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 checked="" 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>Self Inflicted Gun Shot from 32 Cal.</u>
20c. TIME OF INJURY <u>12:20</u> Hour <u>12</u> Month <u>6</u> Day <u>4</u> Year <u>57</u> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Arnold Lumber Co. Yard</u>	20f. CITY, TOWN, OR LOCATION <u>Kirksville Adair Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw <sup>Dead</sup> <del>him</del> <u>him</u> on <u>June 4, 1957</u> Death occurred at <u>12:20 P.M.</u> _____ m on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Sheriff Adair County Acting Coroner Kirksville, Mo</u>	22c. DATE SIGNED <u>6/4/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/11/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>
24. FUNERAL DIRECTOR <u>[Signature]</u>		25. DATE RECD. BY LOCAL REG. <u>6-5 1957</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>

(Licensed Embalmer's Statement on Reverse Side)

535

JUN 12 1951

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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 *Kenneth E. Hayes* .....

Licensed Embalmer No. *4896*

P. O. Address *Kirkville, 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.