

STANDARD CERTIFICATE OF DEATH

36414

FILED NOV. 5 1957

STATE FILE NUMBER 2001 Registrar's No. 504

Registration District No. 156 Primary Registration District No.

300 1-57

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin Rt# 3 Box# 99</b>		c. CITY OR TOWN <b>Joplin Rt 3 Box 99</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bell Center Comm.</b>		d. STREET ADDRESS (If outside, give location) <b>Bell Center Comm.</b>	
Length of stay in 1b <b>50 Years</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Mollie</b> Last <b>SHAFFER</b>			4. DATE OF DEATH Month <b>October</b> Day <b>21</b> Year <b>1957</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 11, 1868</b>	9. AGE (In years last birthday) <b>89</b>	10. UNDER 1 YEAR Months <b>9</b> Days <b>49</b>	11. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home Making</b>	11. BIRTHPLACE (City and state or country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Henry (DECEASED)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Dora Watts</b> Address <b>417 West 31st St Joplin, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>		<b>20 yrs</b>
	DUE TO (c) <b>Senility</b>		<b>20 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I-(a) <b>None</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour <b>1:20A.</b> Month, Day, Year	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 <b>Galena Kansas</b> COUNTY STATE
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21. I attended the deceased from <b>1950</b> to <b>21 Oct 57</b> and last saw her alive on <b>19 Oct 57</b> Death occurred at <b>1:20A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Robert J. Powell m.d.</b> (Degree or title)	22b. ADDRESS <b>Galena Kansas</b>	22c. DATE SIGNED <b>22 Oct 57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Oct 23, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Messer Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>North of Galena, Kansas</b>
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24. FUNERAL DIRECTOR <b>Thornhill-Dillon Mort</b> ADDRESS <b>Joplin, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-29-1957</b>	26. REGISTRAR'S SIGNATURE <b>Novice Merriam</b>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Robert C. Roller, Student Embalmer No. 537 working under my personal supervision.

Student Robert C. Roller  
Signature of Student Embalmer

Signed David DeLeon

Licensed Embalmer No. 3598  
P. O. Address Jordan 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.