

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039393

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 99 Primary Registration District No. 5374 Registrar's No. 73

S. 300 3
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Dekalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>8340</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>U. S. Hy. 36</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lockbourne Air Base</u> <u>Ohio</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. 36833</u>		Length of stay in: <u>1b</u>	d. STREET ADDRESS (If outside, give location) <u>Lackborne Air Base</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Kenneth Jay Shaffer</u>			4. DATE OF DEATH Month Day Year <u>Nov. 14 58</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>Apr. 12 1958</u>
9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Air Force</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>2nd. Lt.</u>	11. BIRTHPLACE (City and state or country) <u>Elkins West Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknow Shaffer</u>	
13b. MOTHER'S MAIDEN NAME <u>None Record</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley M Shaffer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give year or dates of service) <u>Active</u>		16. SOCIAL SECURITY NO. <u>234-54-3943</u>	17. INFORMANT <u>Personal Papers</u>
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture left.</u> <u>Fr. coronal spine</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fr. mandible left -</u> DUE TO (c) <u>Fr. mandible left -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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>Car Overturned on Det. pavement</u>	
20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>11 14 58</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, road, office bldg., etc.) <u>on Hwy 36</u>	
20e. CITY, TOWN, OR LOCATION <u>Osborne Dekalb Mo</u>		20f. COUNTY STATE <u>Dekalb Mo</u>	
21. I attended the deceased from <u>6:30 PM</u> and last saw her/him alive on <u>11-14-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>O E Sewelock Deputy coroner</u>		22b. ADDRESS <u>Maysville Mo.</u>	22c. DATE SIGNED <u>Nov. 14-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Nov. 15 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lockbourne</u>
23d. LOCATION (City, town, or county) <u>K.C. Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>11-18-58</u>	
24. FUNERAL DIRECTOR <u>Poland Funeral Home Cameron Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	

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 Robert F. Poland

Licensed Embalmer No. 4777
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P. O. Address Ch...

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.