

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000028  
STATE FILE NUMBER

JAN 12 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Macon</b> <i>0611</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin Hosp.</b>		Length of stay in 1b <b>6 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>429 Lamb Ave.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Wilbur James Shoffner</b>			4. DATE OF DEATH Month Day Year <b>Jan. 4, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 28, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bus Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (City and state or country) <b>Macon County, Mo.</b>
13a. FATHER'S NAME <b>Finis P. Shoffner</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel Ray</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Ruby Shoffner</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>524-46-1571</b>	17. INFORMANT Address <b>Mrs. Ruby Shoffner Macon, Mo.</b>
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>Dilatation of right Ventricle</b>			INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bilateral lobar pneumonia</b>			<b>3 days</b>
DUE TO (c) _____			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from <b>1-4-59</b> to <b>1-4-59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>1-4-59</b> Death occurred at <b>5:25 P. M.</b> <del>4:00 P. M.</del> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>A. W. McClure DO 2</i>		22b. ADDRESS <b>711 W. Jeff. Kirksville, Mo</b>	22c. DATE SIGNED <b>Jan. 6, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 8, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <i>Lester Kuttler Macon Mo.</i>		25. DATE RECD. BY LOCAL REG. <b>1-6-1959</b>	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public-Service

300  
1-57

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.

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H.D.M.C. CLURE, D.O.

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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 *Charles L. Tuttle*

Licensed Embalmer No. *4577*

P. O. Address *Macon 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.