

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021017

FILED JUL 14 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 6 hrs		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 514 West Brower		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Samuel Middle E. Last Shaffer				4. DATE OF DEATH Month July Day 1 Year 1959											
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 18 Feb. 1913		9. AGE (last birthday) 46		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Paint Company				11. BIRTHPLACE (City and state or country) Penn.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME S.C. Shaffer				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Annette Shaffer							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> WW2				16. SOCIAL SECURITY NO. 208-10-9792		17. INFORMANT Address Annette Shaffer (Wife) Springfield, Mo.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory failure										INTERVAL BETWEEN ONSET AND DEATH Immediate					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Acute Myocardial Infarction		DUE TO (c)		6 Hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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.)											
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		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		COUNTY		STATE							
21. I attended the deceased from July 1, 1959 to July 1, 1959 and last saw him ^{xxx} alive on July 1, 1959 Death occurred at 11:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE W. F. Youll (Degree or title) D.O.				22b. ADDRESS Springfield, Mo.				22c. DATE SIGNED 7-2-59							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/13/59		23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		23d. LOCATION (City, town, or county) Springfield, Missouri		(State)							
24. FUNERAL DIRECTOR J.W. KLINGNER & CO. Springfield, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 7-8-59		26. REGISTRAR'S SIGNATURE Effie J Meltzer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS APR 12 1960

MS JUL 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin D. Williams

Licensed Embalmer No. 465

P. O. Address Spring

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.