

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006902

FILED VS MAR 8 1960

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 39

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alba - MINERAL TWSP		c. CITY OR TOWN Alba	
Length of stay in lb Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alba		d. STREET ADDRESS (If outside, give location) Alba	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Guy William Shafer			4. DATE OF DEATH February 28, 1960		
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 12-14-98		9. AGE (last birthday) 61		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Alba, Missouri	
				12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME M.M. Shafer		13b. MOTHER'S MAIDEN NAME Adelaide Taylor		14. NAME OF HUSBAND OR WIFE Ruth Shafer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/ dates of service) Yes W.W. # 1		16. SOCIAL SECURITY NO. 496-03-8478		17. INFORMANT Ruth Shafer, Alba, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a)			Respiratory Failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			45 min		
DUE TO (b)			Cerebral Hemorrhage (Apoplexy)		
DUE TO (c)			12 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"/> N. <input type="checkbox"/> Unknown		
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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, a.m. or 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 Oct. 11 - 59 to Feb. 28 - 60 and last saw him alive on 2/28/60 Death occurred at 10:00P m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE John D. Doney (Degree or title) D.O.		22b. ADDRESS Alba, Missouri		22c. DATE SIGNED 3-2-60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-2-60		23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery		23d. LOCATION (City, town, or county) (State) Purcell, Mo.	
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24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Missouri		25. DATE RECD. BY LOCAL REG. 3-2-60		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 9

MAR 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.