

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014928

FILED VS MAY 9 1960 / 28

STATE FILE NUMBER

Registration District No. 2000 Primary Registration District No. 2000 Registrar's No. 513

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1906 E. Division Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Memorial Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. DATE OF DEATH May 2, 1960 Month Day Year	

3. NAME OF DECEASED (Type or print) First Middle Last Herschel Shaffer			4. DATE OF DEATH Month Day Year May 2, 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 28 March 1905	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paving Operator		10b. KIND OF BUSINESS OR INDUSTRY Street Paving		11. BIRTHPLACE (City and state or country) Iowa	
13a. FATHER'S NAME Raymond Shaffer		13b. MOTHER'S MAIDEN NAME Nora Crane		14. NAME OF HUSBAND OR WIFE Leona Shaffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 482-05-7766		17. INFORMANT Leona 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) Uremia DUE TO (b) Chronic Glomerulonephritis DUE TO (c) Cause unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		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 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.) Arteriosclerosis	
20c. TIME OF INJURY Hour a.m. 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 Dec 1 1959, to 5/2/60 and last saw ^{him} alive on 5/2/60
 Death occurred at 11:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. F. Youll D.O.	22b. ADDRESS 234 1/2 E. Commercial Springfield, Missouri	22c. DATE SIGNED 5-4-60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/5/60	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) Springfield, Missouri		26. REGISTRAR'S SIGNATURE Effie B. Melton

24. FUNERAL DIRECTOR Klingner Mortuary ADDRESS Springfield, Mo.
 25. DATE RECD. BY LOCAL REG. 5-6-60

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

jhc

jhc

STATEMENT BY LICENSED EMBALMER

MAY

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to conform 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.