

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037772

FILED VS OCT 25 1960

70

Primary Registration District No. 4024

Registrar's No. 45

STATE FILE NUMBER

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Clark County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clark | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kahoka, Missouri | | Length of stay in 1b | c. CITY OR TOWN Kahoka |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) City |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last John William Shaffer | | | 4. DATE OF DEATH Month Day Year Oct. 16, 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 July 24, 1880 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|---|--|-------------------------------------|---|----------------|

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Clark County | 12. CITIZEN OF WHAT COUNTRY USA |
|---|---|---|---|

| | | |
|--|---|--|
| 13a. FATHER'S NAME Jacob Shaffer | 13b. MOTHER'S MAIDEN NAME Eliza Ann Christy | 14. NAME OF HUSBAND OR WIFE Florence Shaffer |
|--|---|--|

| | | | |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mrs. Howard Bunton, Kahoka, Mo. | Address |
|---|--|---|---------|

| | | |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic heart disease | |
| | DUE TO (c) | |

| | | | |
|---|--|--|--|
| 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 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 _____ to _____ and last saw her/him alive on _____.
Death occurred at **6 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|----------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title) S. Channing, D. Coroner | 22b. ADDRESS Kahoka Mo | 22c. DATE SIGNED 10-17-60 |
|--|----------------------------------|-------------------------------------|

| | | | |
|--|--------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10-18-1960 | 23c. NAME OF CEMETERY OR CREMATORY Kahoka, city Cemetery | 23d. LOCATION (City, town, or county) (State) Kahoka, Missouri |
|--|--------------------------------|--|--|

| | | | |
|--|------------------------------|---|--|
| 24. FUNERAL DIRECTOR Delbert Shaffer | ADDRESS Kahoka, Mo | 25. DATE RECD. BY LOCAL REG. 10/22/60 | 26. REGISTRAR'S SIGNATURE JR. Bueger |
|--|------------------------------|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 

Licensed Embalmer No. 5063

P. O. Address Hesperia, Ca

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.