URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

-60-039309

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 74

ENDED

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dearborn, Missouri
Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: none
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN: Dearborn
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Linver Last: Shepter
4. DATE OF DEATH: Month Oct. Day 11 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 6/6/'02
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Buchanan County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Linver Shepter
13b. MOTHER'S MAIDEN NAME: Bonnie Stafford
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498 24 9590
17. INFORMANT: Address: Ore Dean, Dearborn, Missouri

MEDICAL CERTIFICATION

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: INST.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Dearborn COUNTY: Platte STATE: Mo.

BY AFFIDAVIT OF

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at Approx. 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner
22b. ADDRESS: Platte City, Mo.
22c. DATE SIGNED: 10-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: Dearborn Cem.
23d. LOCATION (City, town, or county) (State): Dearborn, Missouri
24. FUNERAL DIRECTOR: Vaughn & Aufrenc, Deerborn, Mo.
ADDRESS:
25. DATE RECD. BY LOCAL REG.: Oct. 15, 1960
26. REGISTRAR'S SIGNATURE: Ophia Rollins.

(Licensed Embalmer's Statement on Reverse Side)

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 W R Vaughn

Licensed Embalmer No. 402

P. O. Address Weston

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