

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014206

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 188

AMENDED

FILED APR 25 1961

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		Length of stay in lb	c. CITY OR TOWN <u>Monong</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>404 N. Frank</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Douglas</u> Middle <u>J</u> Last <u>Shofler</u>	4. DATE OF DEATH Month <u>4</u> Day <u>13</u> Year <u>61</u>
---	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-13-61</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	IF UNDER 24 HR Hours <u>17</u> Min. <u>17</u>
--------------------	-------------------------------	---	---------------------------------	------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Joplin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Wayne F. S. Shofler</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Lee Goodpaster</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Wayne Shofler</u> Address <u>Monong, Missouri</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>5 1/2 Mo Pregnancy</u>	INTERVAL BETWEEN ONSET AND DEATH
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. <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.)
---	---	--

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 6:30 P m on the date stated above, and to the best of my knowledge, from the cause stated

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Joplin Mo</u>	22c. DATE SIGNED <u>4/15/61</u>
--	----------------------------------	------------------------------------

23a. BURIAL (CREMATION) REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>Johnston-Simpson, Webb City, Mo.</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>4-19-1961</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>
---	--	--

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

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