MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029871
STATE FILE NUMBER

AMENDED

FILED SEP 6 1961

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 403

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b: 17 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 621 West 14th Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 621 West 14th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: GRACE Middle: H. ADAIR Last: SHUFELDT

4. DATE OF DEATH Month, Day, Year: August 23, 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-19-1900
9. AGE (last birthday): 61 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Kingsville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Adair
13b. MOTHER'S MAIDEN NAME: Ellen Sherrod
14. NAME OF HUSBAND OR WIFE: Charles L. Shufeldt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles L. Shufeldt, 621 West 14th St., Address: Joplin, Mo.

MEDICAL CERTIFICATION

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)	Coronary occlusion with infarction	18 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio-sclerosis	Unknown
DUE TO (c)	Diabetes mellitus	Unknown

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 COUNTY STATE

21. I attended the deceased from July 31, 1961, to August 23, 1961 and last saw her alive on August 23, 1961
Death occurred at 10:15 A. M. a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Kuhn Jr., M.D.
22b. ADDRESS: 321 Frisco Bldg. Joplin, Mo.
22c. DATE SIGNED: 8/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-25, 1961
23c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial Cemetery
23d. LOCATION (City, town, or county) (State): Joplin, Mo.

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 8-30-1961
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.