

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-031092**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 132

**FILED JUL 16 1963**

VS 300  
Rev. 4/59

DATE AMENDED

1 1085

2 1090

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4 0

5 1

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12 1.0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Bonnie</u> Middle <u>Finis</u> Last <u>Shaffer</u>			4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/10/1907</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crop Farming</u>	11. BIRTHPLACE (City and state or country) <u>Dederick Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Thomas Shaffer</u>		13b. MOTHER'S MAIDEN NAME <u>Murtle Neese</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Marie Shaffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of)			17. INFORMANT Address <u>Mrs Ben Shaffer RR # 2 Nevada, Mo.</u>		
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) <u>Congestive heart failure</u>					<u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Coronary arteriosclerosis</u>					<u>Unknown</u>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary emphysema</u>				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 <u>July 3 1963</u> to <u>July 7, 1963</u> and last saw <sup>XMR</sup> him alive on <u>July 7, 1963</u> Death occurred at <u>Nevada, Mo.</u> <u>2:31</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>L.P. McCann, M. D.</u>			22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>		22c. DATE SIGNED <u>7/8/63</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>	23b. DATE <u>7/10/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Dederick, Missouri</u>	
24. FUNERAL DIRECTOR <u>Eichinger-Milster Funeral Home</u>			ADDRESS <u>Nevada, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>7-8-1963</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 1 1963

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 Jerry F. Melster

Licensed Embalmer No. 4805

P. O. Address Nevada, Nev.

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.