

No. 300
10.48

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8223**

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BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 21376 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn View, Baldsberg		c. LENGTH OF STAY (in this place) 15 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. View, Mo. Baldsberg		d. STREET ADDRESS (If rural, give location) None
d. FULL NAME OF HOSPITAL OR INSTITUTION None					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Henry	b. (Middle) A.	c. (Last) Shafer	Date (Month) (Day) (Year) 2-10-49		

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 24, 1863	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Well Driller	11. BIRTHPLACE (State or foreign country) Paris, Mo		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mamie Shafer	
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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. 	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack MMeyers Mtn View, Mo		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUPLICATE OF (b) Hypertension			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF (c) arterial sclerosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hit			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2-5, 1949, to 2-8, 1949, that I last saw the deceased alive on 2-8, 1949, and that death occurred at 6:43p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley Barnum D.O.		23b. ADDRESS Mountains View Mo		23c. DATE SIGNED 2-20-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-13-49	24c. NAME OF CEMETERY OR CREMATORY Mtn View Cemetery	24d. LOCATION (City, town, or county) (State) Mtn View, Mo.		
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DATE REC'D BY LOCAL REG. 2-25-49	REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home	ADDRESS Mtn View, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-28-47

District Health Officer No. 6

District File Number 249 174

Date Filed 3-21-47

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
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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 this body is not embalmed, fact should be so stated above.