

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

17150

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>244</u>				
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE. (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>56 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin (RURAL) Rt# 3 Box#73</b>		0190				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1/2 Mi North of Cotton Club on #66</b>						
3. NAME OF DECEASED a. (First) <b>Allen</b>			b. (Middle) <b>William</b>		c. (Last) <b>Shaffer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 5, 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>September 7, 1893</b>		9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>28</b>	Hour <b></b>	Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Trucking</b>		11. BIRTHPLACE (State or foreign country) <b>Miami, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Henry L. Shaffer</b>			13b. MOTHER'S MAIDEN NAME <b>Mollie Cook</b>			14. NAME OF HUSBAND OR WIFE <b>Marie Neal Shaffer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. # 1</b>		16. SOCIAL SECURITY NO. <b>500-09-4161</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Shaffer Rt# 3 Box# 73 Joplin, Mo.</b>				ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Far Advanced Active Tuberculosis Pul.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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)		21d. (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		SUPPLEMENTAL INFORMATION REQUESTED				
22. I hereby certify that I attended the deceased from <u>April 2</u> , 19 <u>50</u> , to <u>May 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>50</u> , and that death occurred at <u>5:00 P.</u> m., from the causes and on the date stated above.										
22a. SIGNATURE <b>Go Schultz</b>				(Degree or title)		22b. ADDRESS <b>James Bell Joplin</b>		22c. DATE SIGNED <b>5-11-50</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 9, 1950</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>5-12-50</b>		REGISTRAR'S SIGNATURE <b>Ed. S. Thomas</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort.</b>			ADDRESS <b>Joplin, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WHILE FILLING IN—USE INK—USE A PERMANENT RECORD

RECEIVED 5-15-50

Jasper County Health Office

County File Number 50-4-398

Date Filed 5-15-50

5-15-50

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 Charles E. Frey

Licensed Embalmer No. 47680

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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