

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21049

State File No.

FILED JUN 19 1950

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5844 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Seneca</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Seneca</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		OR TOWN <u>Seneca</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <u>41 1st St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Gustus</u> b. (Middle) <u>Shaffer</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>Sept. 23, 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>railroad worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - - - -</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Noble Shaffer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Faser</u>		14. NAME OF HUSBAND OR WIFE <u>Jane Shaffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>- - - - -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jane Shaffer, Seneca, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>2 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary infection & lung hemorrhage</u> DUE TO (c) <u>Pulmonary Tuberculosis (Supp. report)</u>		
	11. 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) (COUNTY) (STATE)
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?

22. I hereby certify that I attended the deceased from April 18 50 to June 4 50, that I last saw the deceased alive on June 4 50 and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John B. Roberts M.D.</u>	23b. ADDRESS <u>Seneca, Mo.</u>	23c. DATE SIGNED <u>6/5/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/7/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>		

DATE REC'D BY LOCAL REG. <u>6/5/50</u>	REGISTRAR'S SIGNATURE <u>Phyllis Britton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Fred Alcorn Seneca Mo</u>
--	--	--

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 650-135

Date Filed JUN 12 1950

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 *W E Bidlee*

Licensed Embalmer No. 2174

P. O. Address *Seneca*

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.