S. No. 300
. 10.48

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 294

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Doniphan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highland
d. STREET ADDRESS (If rural, give location): 8150 8

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Roy
c. (Last): Shafer

4. DATE OF DEATH (Month) (Day) (Year): Jan 13, 1951

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 25, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): butcher
10b. KIND OF BUSINESS OR INDUSTRY: butcher retail store
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Shafer
13b. MOTHER'S MAIDEN NAME: Clarissa Browning
14. NAME OF HUSBAND OR WIFE: Lena Shafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME: John Shafer — ADDRESS: Port Clinton Ohio

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* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — 10 years
DUE TO (c) arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 33 1x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/7, 1951, *to* 1/13, 1951, *that I last saw the deceased alive on* 1/13, 1951, *and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John Forgrave (Degree or title)
23b. ADDRESS: 420 N 8th St Joseph Mo
23c. DATE SIGNED: 1/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 1/14/51
24c. NAME OF CEMETERY OR CREMATORY: ----
24d. LOCATION (City, town, or county) (State): Highland Kansas

DATE REC'D BY LOCAL REG.: Jan 19, 1951
REGISTRAR'S SIGNATURE: Carl C. Casler
25. FUNERAL DIRECTOR'S SIGNATURE: Heston-Bowman — ADDRESS: St Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SHAFER

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.

Signed Eugene Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 3145 10th St, St Joseph

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.