

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4032

33

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5171 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HAMS PRAIRIE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HAMS PRAIRIE	
c. LENGTH OF STAY (in this place) 50 YRS		d. STREET ADDRESS (If rural, give location) 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) FRANKLIN	c. (Last) SHIFFLER	4. DATE OF DEATH (Month) (Day) (Year) FEB 9 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 13, 1870	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR 10	11. UNDER 1 Mth. 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HARRISON SHIFFLER	13b. MOTHER'S MAIDEN NAME SUSAN FETTEROFF	14. NAME OF HUSBAND OR WIFE GEORGIA SHIFFLER
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Shiffler, R.R. #6	ADDRESS Fulton, 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, asthenia, 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) Coronary Atherosclerosis with occlusion		1 day
	II. OTHER SIGNIFICANT CONDITIONS Generalized atherosclerosis with hypertension		4201
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **18 Aug, 1949**, to **15 Jan, 1951**, that I last saw the deceased alive on **15 Jan, 1951**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Giblin (Degree or title)	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 10 Feb 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/11/1951	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton, Mo.
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DATE REC'D BY LOCAL REG. Feb. 11-1951	REGISTRAR'S SIGNATURE Martha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE margin Funeral Home	ADDRESS Fulton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0140
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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

RECEIVED

APR 19 1951

FEB 3 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Md

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.