

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41420

FILED JAN 7 1952

BIRTH NO. REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4231 Registrar's No. 32

450

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Armstrong	c. LENGTH OF STAY (In this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Armstrong	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Pete b. (Middle) --- c. (Last) Shiflett			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1951		
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5. SEX Male O	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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 Own Farm		11. BIRTHPLACE (State or foreign country) Howard Co. Mo U		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Alfred Shiflett		13b. MOTHER'S MAIDEN NAME Margaret Powell		14. NAME OF HUSBAND OR WIFE Maud Wasson			
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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 ADDRESS Joe Shiflett Fayette, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, cerebral DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months Unknown	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X						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)			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 October 1, 1951, to December 10, 1951, that I last saw the deceased alive on December 10, 1951, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francis D. Shand M.D.		23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 12-14-51	
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24a. BURIAL, CREMATION, REBURYAL (Specify) Burial	24b. DATE 12/12/51	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery	24d. LOCATION (City, town, or county) (State) Armstrong, Mo		
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DATE REC'D BY LOCAL REG. 12/14/1951	REGISTRAR'S SIGNATURE Walker Cuddeley 410		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Mo		
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RECEIVED JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 5 1952

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 *Ralph A. Carr*

Licensed Embalmer No. 3340

Signed _____
Student Embalmer

P. O. Address *Jayette 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.