

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **609**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4125** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) Revere		c. CITY (If outside corporate limits, write RURAL and give township) 0230	
c. LENGTH OF STAY (in this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CLEM b. (Middle) L. c. (Last) SHEFFER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 28 1861	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days 9 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Daniel Sheffer		13b. MOTHER'S MAIDEN NAME Mary Sheffer		14. NAME OF HUSBAND OR WIFE Mrs. Ann Sheffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. W. Ellis Sheffer	
				ADDRESS Revere Mo	

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) Various Pleuritis			INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		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 5190			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 **Jan 16, 1952**, to **Jan 19, 1952** that I last saw the deceased alive on **19**, and that death occurred at **m.**, from the causes and on the date stated above.

23a. SIGNATURE L. McCormick		23b. ADDRESS Revere Mo		23c. DATE SIGNED Jan 21 52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 23 1952		24c. NAME OF CEMETERY OR CREMATORY Revere Cem.	
24d. LOCATION (City, town, or county) (State) Revere Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Guttinger, Fred		ADDRESS Lakaka	
DATE REC'D BY LOCAL REG. 1/28/52		REGISTRAR'S SIGNATURE L. R. ...			

(Licensed Embalmer's Statement on Reverse Side)

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

0230

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.....

Arthur L. Luttery

Licensed Embalmer No. *2957*

P. O. Address *Amesbury*

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.