

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35438RECEIVED
OCT 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>162</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Webb City</u>		c. LENGTH OF STAY (In this place) <u>50yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>		d. STREET ADDRESS (If rural, give location) <u>1006 Crow Street</u>		<u>0492</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALLACE</u>			b. (Middle) <u>CLEVELAND</u>		c. (Last) <u>SHOFFNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 17, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 21, 1893</u>		9. AGE (In years last birthday) <u>57</u> if UNDER 1 YEAR Months <u>8</u> Days <u>26</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Crescote Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Garfield, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D.H. Shoffner</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Reddick</u>			14. NAME OF HUSBAND OR WIFE <u>Myrtle Mae Shoffner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-01-5228</u>		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <u>Myrtle Mae Shoffner Webb City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated Cor Pulmonale with respiratory failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary Emphysema</u>		DUE TO (c) <u>Chronic Bronchial Asthma</u>					
		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 <u>241x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>10-12, 1952</u> , to <u>10-17, 1952</u> , that I last saw the deceased alive on <u>10-17, 1952</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>10/18/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carterville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10/18/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS <u>Webb City, Missouri</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 10-20-52
Jasper County Health Office

County File Number 52/10/809

Date Filed 10-20-53

MAR 17 1953

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 Edward J. Lewis, Jr.

Licensed Embalmer No. 4561

P. O. Address Wichita, Mo

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.