

FILED JUL 20 1953

STANDARD CERTIFICATE OF DEATH

23992

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>773</u>		
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEARBORN</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>723 S. 11th St.</u>				d. STREET ADDRESS (If rural, give location) <u>0830</u>				
3. NAME OF DECEASED (Type or Print) <u>LINVER</u>			a. (First)			b. (Middle)		
c. (Last) <u>SHAPTER</u>			4. DATE OF DEATH			(Month) (Day) (Year) <u>7-6-53</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>9-21-72</u>		
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>WALLACE, MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>WILLIAM SHAPTER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BOYD</u>		14. NAME OF HUSBAND OR WIFE <u>BONNIE STAFFORD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES SHAPTER</u> ADDRESS <u>DEARBORN, MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>						
ANTECEDENT CAUSES		DUE TO (b) <u>Cerebral Vascular accident</u> <u>unknown</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertensive Heart Disease</u> <u>unknown</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>443X</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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from <u>June 20, 1953</u> , to <u>July 6, 1953</u> , that I last saw the deceased alive on <u>June 24, 1953</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thorn E. Longmire, M.D.</u>				23b. ADDRESS <u>301 Illinois Ave. St. Joe.</u>		23c. DATE SIGNED <u>7-10-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DEARBORN CEM. DEARBORN</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>July 15, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN-AUFRANE</u> ADDRESS <u>DEARBORN MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

**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 Walter R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.