

27861

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 904

No. 160
10.48

FILED AUG 24 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 904

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Platte Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Platte Twp.	
c. LENGTH OF STAY (in this place) 2 1/2 yrs		d. STREET ADDRESS (If rural, give location) 8 MILE N.E. DEARBORN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 MILE N.E. DEARBORN			

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) M.	c. (Last) SHIFFLETT	4. DATE OF DEATH (Month) (Day) (Year) AUG. 21, 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 28, 1922	9. AGE (In years last birthday) 31	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) KINN CO. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME WILSON T. STEPHENS	13b. MOTHER'S MAIDEN NAME URILLA WELCH	14. NAME OF HUSBAND OR WIFE GEO. WM. SHIFFLETT
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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. S. J. POLLARD GOWER, MO.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regurgitation		INTERVAL BETWEEN ONSET AND DEATH 6 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Producing Coronary		
	DUE TO (c) Thrombosis directly		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cause of death			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **April 19 52** to **Aug 21, 19 53** that I last saw the deceased alive on **June 30 19 53**, and that death occurred at **130A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. H. Stone M.D.	23b. ADDRESS Dearborn Mo Aug 21 53	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-23-53	24c. NAME OF CEMETERY OR CREMATORY LIBERTY CHURCH CEM	24d. LOCATION (City, town, or county) (State) BROOKFIELD MO.
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DATE REC'D BY LOCAL REG. Aug 22, 1953	REGISTRAR'S SIGNATURE 485 Nathan M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN-AUFRANC	ADDRESS DEARBORN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 13 1959

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 W. 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.