

No. 300
10. 48

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Shaffer
35740

State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 30

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View

c. LENGTH OF STAY (In this place) 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo.

b. COUNTY Shannon

c. CITY OR TOWN Montier

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First) JOHN

b. (Middle) ROBERT

c. (Last) DOW

4. DATE OF DEATH (Month) (Day) (Year) Oct 21-53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) nm

8. DATE OF BIRTH March 2-1886

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 7 IF UNDER 1 HR. Days 19 Hours 1 Min.

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 (City and State or Foreign Country) Beaver City, Oklahoma

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William E Dow

13b. MOTHER'S MAIDEN NAME Mary Kelley

14. NAME OF HUSBAND OR WIFE none

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lizzie Dow, Rt 2 Birch Tree, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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

20. AUTOPSY? YES NO

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) 151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1953, to 10/21, 1953, that I last saw the deceased alive on 10/20, 1953, and that death occurred at 12:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James R. Shaffer, M.D.

23b. ADDRESS Mtn. View, Mo.

23c. DATE SIGNED 10/26/53

24. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 22-1953

24c. NAME OF CEMETERY OR CREMATORY Pilgrims Rest

24d. LOCATION (City, town, or county) (State) Mtn. View, Mo.

DATE REC'D BY LOCAL REG. 11-14-53

REGISTRAR'S SIGNATURE Laura Mitchell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

460
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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.....
Signature of Student Embalmer

Signed *Joe P. Duncan*

Licensed Embalmer No. *432*

P. O. Address *Mt. View*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.