

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36353

State File No. ....

FILED OCT 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5601 Registrar's No. 36

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1

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> admission? <u>1570</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural Jackson</u>		c. CITY OR TOWN <u>Kingsville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>62 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Route #2, Kingsville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Route #2, Kingsville, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u> b. (Middle) <u>PITTS</u> c. (Last) <u>SHAFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1953</u>			
5. SEX <u>male</u> 0	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 4, 1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>2</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>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Elm, Missouri</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Willis G. Shafer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Pitts</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Frances Shafer</u>
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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) <u>no</u> <u>XXXX</u>	16. SOCIAL SECURITY NO. <u>500-20-3185</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gordon L. Shafer, Kingsville, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Caecum</u>		
	ANTECEDENT CAUSES Morbid 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 <u>1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large Carcinoma of Caecum</u> <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, 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 \_\_\_\_\_, 1950, to Oct 6, 1953, that I last saw the deceased alive on Oct 6, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Martin</u>	(Degree or title)	23b. ADDRESS <u>Osissa Mo</u>	23c. DATE SIGNED <u>10-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Spring Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-10-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u> <u>150</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday &amp; Ropp, Holden, Missouri.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *M. L. Canada*

Licensed Embalmer No. *3437*

P. O. Address *Heldenville*

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.