No. 300
10.48

Dr Shaffer

FILED DEC 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. Shafer 38922
State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 92

0460 1

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View, Mo
c. LENGTH OF STAY (In this place): 25 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN: Mountain View, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural 0460

3. NAME OF DECEASED (Type or Print)
a. (First): Miney
b. (Middle): Burton
c. (Last): Plice

4. DATE OF DEATH (Month) (Day) (Year): Nov, 22 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 15-1886
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / 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): Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Geo Plice
13b. MOTHER'S MAIDEN NAME: Jennie Bombgardner
14. NAME OF HUSBAND OR WIFE: Lula Plice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs E.T. Turner — ADDRESS: Mountain View, Mo

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) Cancer of Colon — INTERVAL BETWEEN ONSET AND DEATH

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. 7153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Had Colostomy in Ill. Hosp. dig (Cancer)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (Specify, 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) m.
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* 9/22, 1953, *to* 11/22, 1953, *that I last saw the deceased alive on* 11/21, 1953, *and that death occurred at* 9.9 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R. Shaffer MD
23b. ADDRESS: Mtn View Mo
23c. DATE SIGNED: 12/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 25-53
24c. NAME OF CEMETERY OR CREMATORY: Mtn View Cem
24d. LOCATION (City, town, or county) (State): Mountain View Mo

DATE REC'D BY LOCAL REG.: 12/4/53
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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jas R. Duncan

Licensed Embalmer No. 4328

P. O. Address Mt View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.