No. 200
10.48

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1933

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R. 1 Salem Township
c. LENGTH OF STAY (In this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewistown Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Ill.
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quincy
d. STREET ADDRESS (If rural, give location): 812 8

3. NAME OF DECEASED (Type or Print)
a. (First): Theresia
b. (Middle): Katherine
c. (Last): Shaffer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 27-1871
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Nov. 27 1871 Quincy Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. Eenhaus
13b. MOTHER'S MAIDEN NAME: Catherine Eenhaus
14. NAME OF HUSBAND OR WIFE: Henry P. Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: George F. Shaffer — **ADDRESS**: La Belle 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Probable Brain Tumor
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Nephritis — 4 days

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):
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* Jan 14, 1954, *to* Jan 16, 1954, *that I last saw the deceased alive on* Jan 16, 1954, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth Glover D.O.
23b. ADDRESS: Newark Mo
23c. DATE SIGNED: 1/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal.
24b. DATE: Jan 26-1954
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Quincy Ill.

DATE REC'D BY LOCAL REG.: 1/23/54
REGISTRAR'S SIGNATURE: P.W. Jennings M.D. E.L.
25. FUNERAL DIRECTOR'S SIGNATURE: Albert Duker — **ADDRESS**: 823 Broadway Quincy Ill.
(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 embalmed by me, or by .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed. Dickey Bros Albert Dickey

Licensed Embalmer No. 2703

P. O. Address Irving Ill

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.