

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9744**

BIRTH NO. **FILED APR 6 1954** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6020** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - CROOKED RIVER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - CROOKED RIVER	
c. LENGTH OF STAY (In this place) 39 yrs.		d. STREET ADDRESS (If rural, give location) 7 mi. N.E. of Hardin, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME -			

3. NAME OF DECEASED a. (First) ROSA b. (Middle) MAY c. (Last) FIFER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 29, 1954		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 30, 1872		9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		11. BIRTHPLACE (City and State or Foreign Country) RAY COUNTY, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME JAMES H. SHACKELFORD		13b. MOTHER'S MAIDEN NAME NANCY HAPPY		14. NAME OF HUSBAND OR WIFE JOSEPA FIFER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME MRS. RUBY CLARK -	
				ADDRESS HARDIN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Dilation				INTERVAL BETWEEN ONSET AND DEATH instant	
		ANTECEDENT CAUSES DUE TO (b) Congestive heart Failure				3 years	
		DUE TO (c) Arteriosclerosis				40 years?	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Failure					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-8, 1954**, to **3-29, 1954**, that I last saw the deceased alive on **3-28, 1954**, and that death occurred at **8:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry S. Holloway, D.D.		23b. ADDRESS Hardin, Mo.		23c. DATE SIGNED 3-30-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-54		24c. NAME OF CEMETERY OR CREMATORY Wetlands Cem.	
				24d. LOCATION (City, town, or county) (State) Ray County, Mo.	

DATE REC'D BY LOCAL REG. April 1-1954		REGISTRAR'S SIGNATURE Mabel Jackson 213		25. FUNERAL DIRECTOR'S SIGNATURE Knipsheld & Bohnding - Hardin, Mo.	
				ADDRESS	

(Licensed Embalmer's Statement (on Reverse Side))

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

No. 300
10.48

890

over

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 August Borchering

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.