FILED APR 28 1954

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12448

BIRTH NO. 23637-54 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 50

492
0

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (in this place): 6HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JANE CHINN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
d. STREET ADDRESS (If rural, give location): 606 SOUTH HALL

0442
0

3. NAME OF DECEASED (Type or Print)
a. (First): RONALD
b. (Middle): DEAN
c. (Last): SHOFLER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 22, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: APRIL 22, 1954
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 6, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE INFANT
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): WEBB CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WAYNE SHOFLER
13b. MOTHER'S MAIDEN NAME: PAULINE GOODPASTURE
14. NAME OF HUSBAND OR WIFE: NONE

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: WAYNE GOODPASTURE WEBB CITY, MISSOURI

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) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature rupture of maternal membranes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776X
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* 4-22, 1954, *to* 4-22, 1954, *that I last saw the deceased alive on* 4-22, 1954, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] DO
23b. ADDRESS: Webb City Mo
23c. DATE SIGNED: 4-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: MT HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): WEBB CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 4-24-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Swartz 474
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 26 1954
Jasper County Health Office
County File Number 54-4-316
Date Filed APR 26 1954

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard Gray Lew

Signed.....
Student Embalmer

Licensed Embalmer No. 4405

P. O. Address Webb City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.