

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15578

FILED MAY 24 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 465-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN Eldon	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS R-1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bunge Hospital		e. (If rural, give location) 0301	

3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) SHAFER c. (Last) SHAFER			4. DATE OF DEATH (Month) (Day) (Year) 5-10-1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 6-13-1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 10 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sam Jackson	13b. MOTHER'S MAIDEN NAME Allie George	14. NAME OF HUSBAND OR WIFE David
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. C
17. INFORMANT'S SIGNATURE OR NAME W.E. Jackson		ADDRESS 1109 E. Main St. Springfield 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma (Duodenum)		INTERVAL BETWEEN ONSET AND DEATH 4 2/30
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Common Duct + Liver		
		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 5-8-54	19b. MAJOR FINDINGS OF OPERATION Carcinoma involved Common Duct, Liver, Duodenum	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 5-4-54, 1954, to 5-10, 1954, that I last saw the deceased alive on 5-10, 1954, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Edith Williamson (Degree or title)	23b. ADDRESS 1630 N. G. Jefferson Springfield Mo.	23c. DATE SIGNED 5-14-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-14-1954	24c. NAME OF CEMETERY OR CREMATORY Union Mount
24d. LOCATION (City, town, or county) Dallas Co. Mo.	25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones ADDRESS Buffalo 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 embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.