

FILED JUL 27 1954

SHAFER
STANDARD CERTIFICATE OF DEATH

Shaffer's
State File No. 22879

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4221 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SHANNON</u>		
b. CITY OR TOWN <u>Mtn. View</u>		c. LENGTH OF STAY (in this place) <u>8 hrs</u>	c. CITY OR TOWN <u>Birch Tree</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Rt #2 1010 1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>Dow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12-1954</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug 8-1883</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR <u>11</u>	11. UNDER 2 HRS. <u>4</u>	12. UNDER 2 HRS. <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dowhart Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Wm. Dow</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Addie Dow</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Joe Dow Rt 2 Birch Tree, Mo.</u>			
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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) <u>Myocardial Degeneration.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>			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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 9/30, 1949, to 7/12, 1954, that I last saw the deceased alive on 7/12, 1954, and that death occurred at 9:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James R. Shaffer D.O.</u>		23b. ADDRESS <u>Wm. View Mo</u>		23c. DATE SIGNED <u>7/19/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>7-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montier</u>	24d. LOCATION (City, town, or county) (State) <u>Montier, Mo.</u>		
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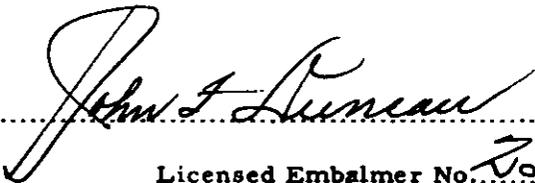
DATE REC'D BY LOCAL REG. <u>7-21-54</u>	REGISTRAR'S SIGNATURE <u>Laura Hutchells</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DUNCAN'S Mt. View, Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 257

P. O. Address M. View

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.