

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28614

State File No.

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Jacksonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 hours</u>		e. STREET ADDRESS (If rural, give location) <u>P.F.D.# 1 0880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>SAMUEL WILKARD SHOFFNER</u>			4. DATE OF DEATH <u>July-28-1954</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 23-1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Issac C. Shoffner</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Terrill</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Shoffner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Shoffner</u>	ADDRESS <u>Jacksonville 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of Urethra</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Injury</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9021</u> <u>3</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jacksonville 088 Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 28 54</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in the barn.</u>
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22. I hereby certify that I attended the deceased from July 28 1954, to July 28 1954, that I last saw the deceased alive on July 28 1954 and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Fleming</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Moberly Mo.</u>	23c. DATE SIGNED <u>7/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/31/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Excello Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/31/54</u>	REGISTRAR'S SIGNATURE <u>Leola Wilkins Lowry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>	ADDRESS <u>Moberly Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8

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.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *Moherly*

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.