

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30258

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5447 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany Mo. HOWARD TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany Rural Howard Twp</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles North of Albany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. of Albany, Mo 3 miles</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Eibert</u> c. (Last) <u>Shaffer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1954</u>
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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>Jan. 31 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car penter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Richard Sylvester Shaffer</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Davidson</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie M. Shaffer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>497 - 14 - 5433</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Shaffer</u> ADDRESS <u>Albany, 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>Thrombosis of Abdominal Aorta</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ulcers of stomach</u>		
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>5400</u>
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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? _____
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22. I hereby certify that I attended the deceased from Sept 1, 1954, to Sept 26, 1954, that I last saw the deceased alive on Sept 26, 1954, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. N. Williamson D.D.</u>	23b. ADDRESS <u>Gentry Mo.</u>	23c. DATE SIGNED <u>Sept 27 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARMUCK</u>	24d. LOCATION (City, town, or county) (State) <u>E of Stobery bldg MO</u>
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DATE REC'D BY LOCAL REG. <u>Sept 29-54</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tatorty, Phelley</u> ADDRESS <u>Stobery MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

G. M. Williams

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 _____

Signed _____

Leroy F. Phillips

Licensed Embalmer No. *1898*

P. O. Address *Stoutemey, Md*

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.