

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41620**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **37**

570

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

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 N. SECOND ST.		d. STREET ADDRESS (If rural, give location) 5142 N. BROADWAY 1	

3. NAME OF DECEASED (Type or Print) a. (First) IRA	b. (Middle) JOSEPH	c. (Last) SHAFFER	4. DATE OF DEATH (Month) (Day) (Year) OCT. 30, 1954
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5. SEX M	6. COLOR OR RACE W	7. MARRIED—NEVER MARRIED, WIDOWED, SEPARATED (Specify)	8. DATE OF BIRTH June 12, 1911	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Florence, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jonathan Shafer	13b. MOTHER'S MAIDEN NAME Charlotte Smart	14. NAME OF HUSBAND OR WIFE Sarah E. Shafer
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ORPHA SHAFER - St. Louis, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour 10 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)
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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 **Oct 30, 1954**, to **Oct 30, 1954**, that I last saw the deceased alive on **Oct 30, 1954**, and that death occurred at **9:23A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Hill M.D.	23b. ADDRESS Elsberry, Mo.	23c. DATE SIGNED 10/31/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 1, 1954	24c. NAME OF CEMETERY Blue River	24d. LOCATION (City, town, or county) (State) Detroit, Illinois
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DATE REC'D BY LOCAL REG. 10/31/54	REGISTRAR'S SIGNATURE Wm. Clarence Kientz	25. FUNERAL DIRECTOR'S SIGNATURE Charles Ricks	ADDRESS Elsberry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

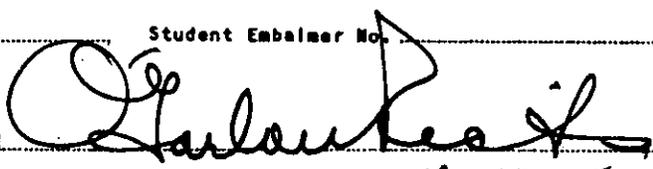
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Student Embalmer No.

Signed 

Licensed Embalmer No. 40175

P. O. Address Elsherry, Mo.

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.