

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19079

State File No. ....

FILED JUN 27 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY OR TOWN <u>INDEPENDENCE</u>		c. CITY OR TOWN <u>BUCKLIN</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 (If not in hospital or institution, give street address or location). HOSPITAL OR INSTITUTION <u>INDEPENDENCE SANITARIUM</u>		STREET ADDRESS (If rural, give location) <u>0501</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOVALL</u>	b. (Middle) <u>L.</u>	c. (Last) <u>SHAFFER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-14-1955</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>OCT. 1, 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHING GRINDER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>A-T. V. SANTA FE RR.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ELMER, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES S. SHAFFER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY S. COCHRAN</u>	14. NAME OF HUSBAND OR WIFE <u>JO ENED SHAFFER</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>Jo Enea Shaffer</u>	ADDRESS <u>Bucklin, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>	DUE TO (b) <u>2nd + 3rd degree burns</u>		
ANTECEDENT CAUSES	DUE TO (c) <u>Three fourths of body</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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 <u>Fracture of skull</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bank car</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson, MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>6:14 55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lighting fire in Bank car</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Newcomer</u>	(Degree or title)	23b. ADDRESS <u>1034 Rialto Blvd</u>	23c. DATE SIGNED <u>6-14-55</u>
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24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE-14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BUCKLIN</u>	24d. LOCATION (City, town, or county) (State) <u>MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>June 14-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newcomer</u>	ADDRESS <u>331 BROOK CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement of Reverse Side)

JUL 18 1933

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 *Robert E. Herrod*.....

Licensed Embalmer No. *489*.....

P. O. Address *Albany*.....

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.