

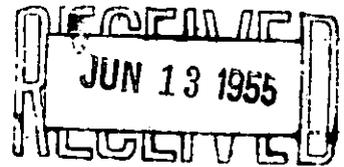
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Halden</u>		c. LENGTH OF STAY (In this place) <u>74 yrs</u>	c. CITY OR TOWN <u>Halden</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Pine St.</u>		e. STREET ADDRESS (If rural, give location) <u>Halden Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MYRTLE</u> c. (Last) <u>SHAFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 7 1880</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rural Schools</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Malcolm W. Shafer</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Applegate</u>		14. NAME OF HUSBAND OR WIFE <u>Not married.</u>	
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. <u>487-24-7339</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. S. Shafer Jr., Halden City, Mo</u>		ADDRESS <u>Halden City, Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>May 25, 1955</u> to <u>May 26, 1955</u> , that I last saw the deceased alive on <u>5/25</u> , 19 <u>55</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James S. Halberg D.O.</u>		23b. ADDRESS <u>Halden Mo</u>	
23c. DATE SIGNED <u>5/28/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 28 '55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hornshy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kingsville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. L. V. Redford</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad T. Kapp</u>		ADDRESS <u>Halden, Mo</u>	

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



JOHNSON COUNTY HEALTH DEPT.

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 M. L. Quadey.....

Licensed Embalmer No. 343.....

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