No. 300
10.46

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Shaffer

State File No. 29615

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. View
c. LENGTH OF STAY (in this place): 14 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Howell
c. CITY OR TOWN: Mtn. View
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0460

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Belle
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1-1955

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: Dec. 8-1881

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 9, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (City and State or Foreign Country): Glenville, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John R. Barton

13b. MOTHER'S MAIDEN NAME: Gertrude Evans

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Fred Tyler — **ADDRESS**: Selah, Wash.

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): Coronary Thrombosis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 4201

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/30, 1955, *to* 10/1, 1955, *that I last saw the deceased alive on* 10/1, 1955, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R. Shaffer DO

23b. ADDRESS: Mtn View Mo.

23c. DATE SIGNED: 10/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Bu.

24b. DATE: 10-6-55

24c. NAME OF CEMETERY OR CREMATORY: Chapel Hill

24d. LOCATION (City, town, or county) (State): Mtn. View, Mo.

DATE REC'D BY LOCAL REG.: 10-8-55

REGISTRAR'S SIGNATURE: Laura Mitchell

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Duncan's Mtn. View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joe L. Duncan

Licensed Embalmer No. 432

P. O. Address Mt. View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.