

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29976

State File No. ....

FILED SEP 27 1955

BIRTH NO. 45378-55 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. LENGTH OF STAY (In this place) <b>2 Months</b>	c. CITY OR TOWN <b>Webb City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 S. Oronogo St.</b>		e. STREET ADDRESS (If rural, give location) <b>10 S. Oronogo St.</b>	
3. NAME OF DECEASED (Type or Print) <b>Jimmie Lee Shofler</b>		a. (First)	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 22, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 19, 1955</b>
9. AGE (In years last birthday) <b>0</b>		10. MONTHS <b>2</b>	11. DAYS <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Joplin, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Wayne Shofler</b>	
13b. MOTHER'S MAIDEN NAME <b>Viola Goodpasture</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wayne S Shofler</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <b>Webb City, Mo.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hydrocephalus, meningococci</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) <b>751X</b>	
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"/>
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>19 July</u> , 19 <u>55</u> , to <u>9 Sept</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9 Sept</u> , 19 <u>55</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Virginia H. Samuels M.D.</b>		23b. ADDRESS <b>1701 1st National Bldg.</b>	23c. DATE SIGNED <b>9-23-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-24-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Webb City, Mo.</b>
DATE REC'D BY LOCAL REG. <b>9-24-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson</b>	ADDRESS <b>Webb City, MO.</b>

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

County File Number 55-9-662  
Date Filed SEP 26 1955

APR 4 1961

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 Harvey E. Aruse

Licensed Embalmer No. 446

P. O. Address Webb Co.

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.