

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16842

State File No.

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5578</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JASPER</u>				a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY. (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town?	
<u>RURAL Rt 1 Joplin Mo</u>		<u>37 yrs</u>		<u>RURAL Joplin Mo</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
<u>3 miles EAST OF WEBB City Mo</u>				<u>3 miles EAST of WEBB City Mo</u>			
3. NAME OF DECEASED		a. (First)		b. (Middle)		c. (Last)	
(Type or Print)		<u>Jake</u>		<u>Shofler</u>		4. DATE OF DEATH	
						(Month) (Day) (Year)	
						<u>May 18, 1956</u>	
5. SEX		6. COLOR OR RACE		7. MARRIED (Never married, widowed, divorced, remarried) (Specify)		8. DATE OF BIRTH	
<u>MALE</u>		<u>WHITE</u>		<u>MARRIED</u>		<u>MARCH 25, 1881</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR	
<u>75</u>		Months		Days		Hours Min.	
		<u>1</u>		<u>23</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<u>FARMER</u>				<u>FARMING</u>		<u>WEST PLAINS Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>U.S.A.</u>		<u>JACOB SHOFLER</u>		<u>UNKNOWN</u>		<u>CASHA L. SHOFLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>No</u>				<u>Mrs. Casha L. Shofler - Rt 1 Joplin Mo</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>One year</u>			
				ANTECEDENT CAUSES			
				DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS			
				<u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>151X</u>	
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) (Min.)		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>3-23-56</u> , 19 <u>56</u> , to <u>5-18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>56</u> , and that death occurred at <u>4:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James V. Flaherty, M.D.</u>				23b. ADDRESS <u>319 W. Main St., Cartersville, Mo.</u>		23c. DATE SIGNED <u>5-21-56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>May 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTERSVILLE MO</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERSVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHNSTON-ORACE-SIMPSON</u>		ADDRESS <u>MORTUARY WEBB CITY MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 20 1956
Pasadena County Health Officer
County File Number 56-5-496
Date Filed MAY 20 1956

MAY 21 1956



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. Lane

Licensed Embalmer No. 440

P. O. Address *West City*

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.