

FILED JUL 12 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 20068

BIRTH NO.

REG. DIST. NO. 106

PRIMARY REG. DIST. NO. 5420

Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Dunklin Holcomb Twp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin					
b. CITY (If outside corporate limits, write RURAL and give town) Campbell, Rural		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Campbell, Rte. 2-Holcomb Twp.		d. STREET ADDRESS (If rural, give location) Campbell, Mo. Rte. 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Campbell, Rte. 2, Holcomb Twp.									
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) OLIVER		c. (Last) SHAFFER			
4. DATE OF DEATH July 3, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Jan. 23, 1880		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (State or foreign country) Campbell, Mo. Rte. 2			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Peter D. Shaffer		13b. MOTHER'S MAIDEN NAME Nancy Mumbar		14. NAME OF HUSBAND OR WIFE Birda Shaffer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Tom Shaffer, Campbell, Mo., Rte. 2		ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hypostatic pneumonia				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Disease				2 days	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)				1 year +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		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 7/18, 1955, to 7/3, 1956, that I last saw the deceased alive on 7/3, 1956, and that death occurred at 3 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Wallace A. Selvey M.D.				23b. ADDRESS Campbell, Mo.		23c. DATE SIGNED 7/6/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri			
DATE REC'D BY LOCAL REG. 7-7-1956		REGISTRAR'S SIGNATURE J. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 7-11-

COUNTY FILE NUMBER 756

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

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, W*

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 this body is not embalmed, fact should be so stated above.