

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1956

22593  
STATE FEE NUMBER

Registration District No. 359 Primary Registration District No. 6219 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>VERNON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>GRY Wood TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Route No. 3 1080</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home 6 mi South Nevada, Mo, 2 months</b>			Length of stay in 1b <b>2 months</b>			d. STREET ADDRESS (If outside give location) <b>6 MILES SOUTHWEST NEVADA, MO</b>	
3. NAME OF DECEASED (Type or print) First <b>EDNA</b> Middle <b>BEATRICE</b> Last <b>SHAFFER</b>				4. DATE OF DEATH Month <b>JULY</b> Day <b>6</b> Year <b>1956</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 25, 1906</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b> Hours <b>10</b> Min.	IF UNDER 24 HRS. Hours <b>10</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE BEAUTY SHOP</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>BEAUTY SHOP</b>	11. BIRTHPLACE (City and state or country) <b>ENID OKLAHOMA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>BERNARD LINCOLN EXLINE</b>				14. MOTHER'S MAIDEN NAME <b>NETTIE PIELER</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>564-01-9986</b>		17. INFORMANT <b>John Exline Nevada MO RR</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apparent heart attack</b>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>found dead in bed by family at 10:30 A.M. retired at 9:30 p.m. apparently asleep. no signs of foul play</b>				DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>No previous illness. No medical history</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>found dead in bed 4343</b>				
20c. TIME OF INJURY Hour <b>p. m.</b> Month, Day, Year			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Near Nevada</b>		20f. CITY, TOWN, OR LOCATION <b>Vernon</b>		COUNTY <b>MO</b>		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Walter D Sherman, Coroner</b>				22b. ADDRESS <b>Nevada, MO</b>		22c. DATE SIGNED <b>7-9-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JULY 8-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SHELDON CEMETERY</b>		23d. LOCATION (City, town, or county) <b>VERNON CO</b>		STATE <b>MO</b>
24. FUNERAL DIRECTOR <b>E. Bernard Beery, Sheldon Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>July 11 1956</b>		26. REGISTRAR'S SIGNATURE <b>Mrs Ruth Faith</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

251 4 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. Bernard Beery*

Licensed Embalmer No. *416*

P. O. Address *S. Beery*

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