

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11692

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>720</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY OR TOWN <u>St Louis Affton</u>		c. LENGTH OF STAY (in this place) <u>unk</u>		c. CITY OR TOWN <u>Moscow Mills</u>		Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9337 Brenda</u>				e. STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Edward</u>		c. (Last) <u>Shafer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 8, 1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad (Ret.)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Danville, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Allan Shafer</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Marchand Shafer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Trevae Creech, 9337 Brenda St Louis</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral deterioration</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral bronchiectasis, Senile psychosis, malnutrition, senile</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) (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>March 13, 1957</u> , to <u>March 22, 1957</u> , that I last saw the deceased alive on <u>Mar. 21, 1957</u> , and that death occurred at <u>1:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh C. Crowell M.D.</u>				23b. ADDRESS <u>9264 Tessa Ferry Rd</u>		23c. DATE SIGNED <u>3/22/57</u>	
24a. DATE <u>3/24/57</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		24c. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3/22/57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper-Marsh Funeral Home Troy, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

Hugh P. Crowell.  
9764 YESSON FERRY Rd.  
From 1 - 3 P.M.

MAY 20 1957

APR 29 1957

**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, exhy....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Joseph J. Marsh.....

Licensed Embalmer No.....3932.....

P. O. Address Troy, Missouri.....

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.