

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32961

STATE FILE NUMBER

FILED SEP 20 1957

Registration District No. 276 Primary Registration District No. 5947 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Rosati, mo		c. CITY -OR TOWN Rosati, mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT Home - Rural		d. STREET ADDRESS (If outside, give location) Rural - St. Rt.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 9 yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John L. Sheffield			4. DATE OF DEATH Sept. 14, 1957		
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH Feb. 16, 1900		9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months 6 Days 29	
11. BIRTHPLACE (City and state or country) Pacific, mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		100. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Joseph R. Sheffield			14. MOTHER'S MAIDEN NAME ANNA CHANEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 333-01-8806		17. INFORMANT Stella Sheffield, Rosati, mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 0
DUE TO (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). 4201		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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Sept. 14/57 to Sept. 14/57 and last saw him alive on 4:42 A.M.	
Death occurred at 4:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. V. Hammer M.D. (Degree or title)	22b. ADDRESS St. James mo.
22c. DATE SIGNED Sept 12/57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 17-57		23c. NAME OF CEMETERY OR CREMATORY Shepherd Hill Cem.		23d. LOCATION (City, town, or county) (State) Rosati, (IP) mo.	
24. FUNERAL DIRECTOR ADDRESS Orol E. Licklider, St. James mo.				25. DATE RECD. BY LOCAL REG. 9-17-57		26. REGISTRAR'S SIGNATURE Ruth B. Powell	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

RECEIVED

Phelps County Health Officer,

County File Number 815

Date Filed 9-19-57

SEP 23 1957

MAIL 14 1957

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed Orrel E. Lickel

Licensed Embalmer No. 34

P. O. Address St. Joe

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.