Health, Welfare Public Service

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FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46687
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3270

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 737 Coulter — Length of stay in Ib 2yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Sullivan — Inside Limits Yes No
d. STREET ADDRESS R.R.#4, (If outside, give location) — Reside on Farm Yes X No

3. NAME OF DECEASED (Type or print) First HENRY Middle O. Last SHAFFER
4. DATE OF DEATH Month Dec. Day 24 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED XX NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Aug. 13, 1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) Sullivan, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel W. Shaffer
14. MOTHER'S MAIDEN NAME Purlina Hulsey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Ollie M. Collins, 737 Coulter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized carcinomatosis — 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of the jaw — 5 years
DUE TO (c) 196X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 1950, to Dec. 24, 1957 and last saw her/him alive on 12-23-57
Death occurred at 7 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lois C. Wyatt (Degree or title) M.D.
22b. ADDRESS 134 W. Adams
22c. DATE SIGNED 12-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE # 12/26/57
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State) Sullivan, Mo.
24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort., Kirkwood, Mo.
25. DATE RECD. BY LOCAL REG. 12-24-57
26. REGISTRAR'S SIGNATURE Herbert R. Donkelman

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben E Hoffman

Licensed Embalmer No. 436

P. O. Address [illegible]

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