

Dr. Lake
FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009310
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Still Hospital</u>		Length of stay in lb <u>30yrs</u>	d. STREET ADDRESS <u>R.R.#1</u>
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>John</u> Last <u>Shaffer</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13, 1897</u>
9. AGE (In years last birthday) <u>60</u>		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) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Highway Dept</u>	11. BIRTHPLACE (City and state or country) <u>Cerro Gordo Co., Ia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Schaffer</u>	
13b. MOTHER'S MAIDEN NAME <u>Ada Small</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Shaffer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.#1</u>		16. SOCIAL SECURITY NO. <u>W.W.#1</u>	
17. INFORMANT <u>Mildred Shaffer, Jefferson City, Mo</u>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
DUE TO (b) <u>Coronary Thrombosis</u>			<u>7 hrs.</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			<u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Edema, Ventricular Hypertrophy</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>/</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>Jefferson City, Mo</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>1-15-58</u> to <u>3-26-58</u> and last saw ^{him} her alive on <u>3-26-58</u> . Death occurred at <u>3:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u> Eugene E. Lake</u> (Degree or title)		22b. ADDRESS <u>Jefferson City, Mo</u>	
22c. DATE SIGNED <u>Mar 28-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3/31/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) <u>Jefferson City, Mo</u> (State)
24. FUNERAL DIRECTOR <u>Thorpe J Gordon, Jefferson City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>28 Mar. 1958</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD-MR.</u>

APR 9 1958

APR 2 1958

VS APR 22 1960

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 Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Robert J. Jordan*

Licensed Embalmer No. *1286*
P. O. Address *Jeff City, Mo*

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.