THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002512
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Whitaker Hospital — Length of stay in 1b 4 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Huntsville — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 103 Carpenter — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First ROBERT Middle LEE Last SHIFLETT

4. DATE OF DEATH Month Jan Day 18 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March-24-1878
9. AGE (In years last birthday) 80
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 Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Albmarle Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Landfield Shiflett
14. MOTHER'S MAIDEN NAME Barbara Frazer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Delta Shiflett Address Huntsville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated Heart Disease
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2

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 12/20/58 to 1/18/59 and last saw her/him alive on 1/18/59
Death occurred at 9:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. T. Whitaker D.O. (Degree or title) 2
22b. ADDRESS 205 S. 5th., St., Moberly, Mo.
22c. DATE SIGNED 1/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan-20-1959
23c. NAME OF CEMETERY OR CREMATORY Grand Prairie Cemetery
23d. LOCATION (City, town, or county) (State) Cairo Mo.

24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly Mo.
25. DATE RECD. BY LOCAL REG. 1-18-59
26. REGISTRAR'S SIGNATURE Leola Lowe

(Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....R. M. Cater.....

Licensed Embalmer No. 4...

P. O. Address Moberly...

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.