

JURL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
FILED VS MAR 29 1960

60-009816

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lamar		c. CITY OR TOWN Carthage, Mo.	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Galbraith Rest Home		d. STREET ADDRESS (If outside, give location) 109 E.9th Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Sarah Middle Shaffer Last			4. DATE OF DEATH Month March Day 20 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-19-72	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Virginia	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wilbur Hash		13b. MOTHER'S MAIDEN NAME Mary Welsh		14. NAME OF HUSBAND OR WIFE H.A. Shaffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Earl Money-Golden Address City Rt. # 1 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) arterio sclerotic heart disease
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - Chyloleth
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 a.m. p.m. Month, Day, Year		

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 Lamar, Mo.	COUNTY Jasper	STATE Missouri
21. I attended the deceased from <u>March 8, 1960</u> to <u>3-20-60</u> and last saw her alive on <u>March 15, 1960</u> Death occurred at <u>7:05 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Sent. Bickel, MD</u> (Degree or title)	22b. ADDRESS <u>Lamar, Mo.</u>	22c. DATE SIGNED <u>3/21/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAR 23 '60	23c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery	23d. LOCATION (City, town, or county) (State) Dudenville, Missouri
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24. FUNERAL DIRECTOR The Ulmer Funeral Home-Carthage, Mo.	25. DATE RECD. BY LOCAL REG. MAR 22 '60	26. REGISTRAR'S SIGNATURE <u>Marie Kovantz</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Don Housh Permit No. _____
Student Embalmer No. 4

working under my personal supervision.

Student

Don R. Housh
Signature of Student Embalmer

Signed

Edwin C. Elmer

Licensed Embalmer No.

4955

P. O. Address

Partridge

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.