

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8233-61-034929
STATE FILE NUMBER

AMENDED
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED SEP 18 1961

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| 1. PLACE OF DEATH a. COUNTY <u>City of St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> | | Length of stay in 1b <input checked="" type="checkbox"/> 51 | c. CITY OR TOWN <u>St. Louis</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4530 West Pine Blvd</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>4530 West Pine Blvd</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Nan</u> Middle <u>Evans</u> Last <u>Shaffer</u> | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>5</u> - Year <u>1961</u> | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug 3-1878</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>84</u> |
| 11. BIRTHPLACE (City and state or country) <u>Troy Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Henry O. Evans</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Jefferson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Dr. Philip A. Shaffer (deceased)</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | |

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|---|--|---|
| 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>Bronchopneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| DUE TO (b) <u>Multiple myeloma</u> | | <u>3 yrs</u> |
| DUE TO (c) <u>203X</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) <u>none</u> | |
| 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 COUNTY STATE |
| 21. I attended the deceased from <u>1957</u> to <u>Sept 5, 1961</u> and last saw her <u>him</u> alive on <u>Sept 4, 1961</u> Death occurred at <u>7:53</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Carl V. Moore</u> (Degree or title) <u>M.D.</u> | | 22b. ADDRESS <u>608 So. Kingshighway St. Louis</u> | 22c. DATE SIGNED <u>9-5-61</u> |

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|--|---------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-7-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>C.R. Hupton + Sons, 7233 Delmar, St. Louis</u> | | 25. DATE RECD. BY LOCAL REG. <u>SEP 5 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> |

AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

MS SEP 18 1967

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.