

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015015
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 382

Primary Registration District No. 5545

Registrar's No. 7

FILED MAY 9 1962

VS 300
Rev. 4/59

0450
20450
3
4 0
5 1
6
7 0
8 2
99191
10 43
11 045
12 90-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Howard</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chariton Twp.</u>		c. CITY OR TOWN <u>Armstrong</u>	
Length of stay in 1b <u>35 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. #1 Armstrong, Mo</u>		d. STREET ADDRESS (if outside, give location) <u>R.R. #1</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM JENNINGS BRYAN SHIFLETT</u>			4. DATE OF DEATH Month Day Year <u>Apr. 17, 1962</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>7/22/1896</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Howard Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A..</u>		13a. FATHER'S NAME <u>Pete Shiflett</u>	
13b. MOTHER'S MAIDEN NAME <u>Maude Wasson</u>		14. NAME OF HUSBAND OR WIFE <u>Genie Alberta Childers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>	
17. INFORMANT <u>Mrs Bryan Shiflett Armstrong, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun Shot Wound of Head Immediately</u> DUE TO (b) <u>Accidental</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Climbing Wire Fence With Gun Which Went Off Suddenly</u>	
20c. TIME OF INJURY <u>10 am</u>	Month, Day, Year <u>4-17-62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Armstrong</u>	COUNTY <u>Howard</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>4-17-62</u> to <u>4-17-62</u> and last saw her/him on <u>4-17-62</u> . Death occurred at <u>10 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wa Bloom M.D. Coroner</u>		22b. ADDRESS <u>Fayette Mo</u>	22c. DATE SIGNED <u>4-19-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/20/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Armstrong Missouri</u>
24. FUNERAL DIRECTOR <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>4-23-62</u>
		26. REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	

USE BLACK INK OR TYPEWRITER RIBBON

VS MAY 10 1962

MAY 31 1962

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.