

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009718

State File No.

FILED MAR 18 1958

BIRTH NO. _____ REG. DIST. NO. 40 PRIMARY REG. DIST. NO. 3024 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fayette, Missouri) c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Armstrong d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			
e. STREET ADDRESS (If rural, give location) ---			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) MAUD	c. (Last) SHIFLETT	4. DATE OF DEATH (Month) (Day) (Year) FEB. 23, 1958
-------------------------------------	------------------------	-------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1876	9. AGE (In years less birthday) 81 IF UNDER 1 YEAR Months 6 Days 29 IF UNDER 24 HRS. Hours --- Min. ---
----------------------	-------------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Carlyle, Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	---

13a. FATHER'S NAME Samuel Wasson	13b. MOTHER'S MAIDEN NAME Pencela McCune	14. NAME OF HUSBAND OR WIFE Pete Shiflett
---	---	--

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'S SIGNATURE OR NAME Jeff H. Shiflett	ADDRESS Fayette, Missouri
--	-------------------------------------	---	----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic congestive failure		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		unknown
	2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	-------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 4200	(COUNTY) _____ (STATE) _____
--	--	--	------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Sept. 1, 1947 to Feb 23, 1958, that I last saw the deceased alive on Feb 23, 1958, and that death occurred at 10:30 a.m., from the cause and on the date stated above.

22a. SIGNATURE <i>James J. DeWitt</i>	(Degree or title) Med	22b. ADDRESS Armstrong, Fayette, Mo	22c. DATE SIGNED 3-4-58
---------------------------------------	------------------------------	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/25/1958	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery	24d. LOCATION (City, town, or county) Armstrong, Missouri (State) _____
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 3-4-58	REGISTRAR'S SIGNATURE <i>Mary K. Sheel</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter A. Carr</i>	ADDRESS Fayette, Mo.
--	--	--	-----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1958

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, ~~by~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ralph A. Carr

Licensed Embalmer No. 334

P. O. Address *Fayette, La.*

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.