

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 160
10.48

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 904

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R4 R-4 Platte Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Platte Twp.</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 MILE N.E. DEARBORN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 MILE N.E. DEARBORN</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MINNIE</u>	b. (Middle) <u>M.</u>	c. (Last) <u>SHIFFLETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 21, 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 28, 1872</u>	9. AGE (In years last birthday) <u>81</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>LINN CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>WILSON T. STEPHENS</u>	13b. MOTHER'S MAIDEN NAME <u>URILLA WELCH</u>	14. NAME OF HUSBAND OR WIFE <u>GEO. WM. SHIFFLETT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. S. J. POLLARD GOWER, MO.</u>	ADDRESS <u>MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regurgitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Producing Coronary Thrombosis directly</u> DUE TO (c) <u>Cause of death</u>		
II. 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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from April 19 52 to Aug 21, 19 53 that I last saw the deceased alive on June 30 19 53, and that death occurred at 130A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.D. H. Stone</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Dearborn Mo Aug 21 1953</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CHURCH CEM</u>	24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 22, 1953</u>	REGISTRAR'S SIGNATURE <u>Matthew M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN-AUFRANC</u>	ADDRESS <u>DEARBORN, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 12 1959

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
Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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 this body is not embalmed, fact should be so stated above.