

STANDARD CERTIFICATE OF DEATH

State File No. 31297

Registration District No. 294

Primary Registration District No. 4437

Registrar's No. 160

1. PLACE OF DEATH: **Randolph**

(a) County **Randolph**

(b) City or town **Cairo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **George Turner Shiflett**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 7 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	7	23	hr. min.

9. Birthplace **Virginia /**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Anfield Shiflett**

13. Birthplace **Virginia /**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Frazier**

15. Birthplace **Virginia /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C.J. Robinson**

(b) Address **Cairo, Missouri**

17. (a) **burial** (b) Date thereof **9/1/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Huntsville, Mo**

19. (a) **9-1-45** (b) **Irma Hall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**

(c) City or town **Cairo**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30**
year **1945** hour **3:05 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 20**, 1945 to **Aug 30**, 1945
that I last saw him alive on **Aug 30**, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension cerebral hemorrhage**

Due to **chronic Hypertension**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **X**

Major findings: **X 13/15**

Of operations _____

Of autopsy **X 13/15**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **X**

(b) Date of occurrence **X**

(c) Where did injury occur? **X**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **X** (Specify type of place) **X**
(e) Means of injury _____

23. Signature **John P. Allen** (M. D. or other) _____
Address **Cairo, Mo** Date signed **9/1/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-45-1401

Date Filed SEP 17 1945

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.