

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37042

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>4230</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Amurthy mo</u> <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>mo</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>at home</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amurthy</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>no</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>CLAY</u> c. (Last) <u>SHIFLETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 49</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 19 - 1860</u>	
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>28</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William A Shiflett</u>			13b. MOTHER'S MAIDEN NAME <u>Marguerite Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Shiflett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary - Shiflett - Amurthy mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
		II. OTHER SIGNIFICANT CONDITIONS <u>Hypertrophy of Prostate</u> Conditions contributing to the death but not related to the disease or condition causing death.					<u>4222</u> <u>D.K.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Oct 18</u> , 19 <u>49</u> , to <u>Nov 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 19</u> , 19 <u>49</u> and that death occurred at <u>5 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr Dreyer MD</u>				23b. ADDRESS <u>Huntsville mo</u>		23c. DATE SIGNED <u>11/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 23 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Haskell Cent</u>		24d. LOCATION (City, town, or county) (State) <u>Howard Co mo</u>	
DATE REC'D BY LOCAL REG. <u>11/28/49</u>		REGISTRAR'S SIGNATURE <u>Walker Audaley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Roberson Amurthy mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

45
0
0

RECEIVED DEC 9
District Health Officer No. 8,
District File Number _____
Date Filed 12-9-49

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.

Signed H. S. Robinson _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3001

P. O. Address W. M. S. Hoony

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.