

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41420**

FILED JAN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **4230** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Armstrong</b>	c. LENGTH OF STAY (In this place) <b>10 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Armstrong</b>	<b>095</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pete</b> b. (Middle) <b>---</b> c. (Last) <b>Shiflett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 1, 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR <b>11</b> Months <b>9</b> Days	IF UNDER 24 HRS. <b>---</b> Hours <b>---</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Howard Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>William Alfred Shiflett</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Powell</b>		14. NAME OF HUSBAND OR WIFE <b>Maud Wasson</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joe Shiflett Fayette, Mo</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, cerebral</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 months</b>  <b>Unknown</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			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 **October 1, 1951**, to **December 10, 1951**, that I last saw the deceased alive on **December 10, 1951**, and that death occurred at **7:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Francis D. Shand M.D.</b>		23b. ADDRESS <b>Fayette, Mo.</b>		23c. DATE SIGNED <b>12-14-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/12/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Armstrong, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>12/14/1951</b>	REGISTRAR'S SIGNATURE <b>Walker Cuddeley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b>		ADDRESS <b>Fayette, Mo</b>	
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RECEIVED JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 5 1952

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Ralph A. Carr*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Jayette Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.