

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Stat's File No. **41641**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **4301** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meadville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meadville</b>	
c. LENGTH OF STAY (to this place) <b>45 years</b>		d. STREET ADDRESS (If rural, give location) <b>0 580</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophia</b> b. (Middle) <b>Evelyn</b> c. (Last) <b>Shiflett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 25, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 24, 1885</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR Months <b>69</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Tarkio, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Norecord DRAGOO</b>		13b. MOTHER'S MAIDEN NAME <b>No record</b>		14. NAME OF HUSBAND OR WIFE <b>R. C. Shiflett</b>	
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>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>B. C. Shiflett; Meadville, Missouri</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of ascending colon</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
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		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 **1946**, to **Dec 25, 1954**, that I last saw the deceased alive on **Nov 29, 1954**, and that death occurred at **6:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph F. Gale M.D.</b>		23b. ADDRESS <b>Chillicothe, Mo.</b>		23c. DATE SIGNED <b>12-27-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-27-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Meadville</b>	
				24d. LOCATION (City, town, or county) (State) <b>Meadville, Missouri</b>	

DATE REC'D BY LOCAL REG <b>Dec. 27, 1954</b>		REGISTRAR'S SIGNATURE <b>Chris A. Marten</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Norman Funeral Home; Chillicothe, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1955

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 Elton T. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.