

17818

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>670</u>	
1. PLACE OF DEATH a. COUNTY <u>Cochran</u>				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a: STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>7-4-55 17d</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>1308 Summich 3118</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vivian</u>			b. (Middle) _____		c. (Last) <u>Shaffer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 4 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 13, 1911</u>		9. AGE (In years last birthday) <u>44</u>	UNDER 1 YEAR Months <u>0</u> Days <u>21</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lerick Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13. FATHER'S NAME <u>Thomas O'Rourke</u>			13b. MOTHER'S MAIDEN NAME <u>Elgara Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>George Shaffer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OF NAME <u>George Shaffer</u> ADDRESS <u>1308 Summich 3118 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Robar pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Paresis</u>					<u>490x 7 yrs +</u>	
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>					<u>7 yrs +</u>	
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 <u>7-4 1955</u> , to <u>7-4 1955</u> that I last saw the deceased alive on <u>7-3 1955</u> and that death occurred at <u>10:30a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>O.B. Cassine MD</u>				23b. ADDRESS <u>State Hospital #2</u>		23c. DATE SIGNED <u>7-4-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>July 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Bethen M. Allison</u>		55. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Easton</u>		ADDRESS <u>F.H. Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUL 23 1954

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.....
Signature of Student Embalmer

Signed *Raymond E. Hermann*

Licensed Embalmer No. *426*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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