

Health,  
Welfare  
Public  
Service

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28353

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 3653

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hospital</u> Length of stay in lb <u>60 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>5033 E. 6<sup>th</sup></u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROSE</u> Middle <u>Delmie</u> Last <u>SHIFFNER</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>2</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June-20-1867</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	9c. BIRTHPLACE (City and state or country) <u>Chicago, Ill.</u>
10a. FATHER'S NAME <u>Biccard</u>		10b. MOTHER'S MAIDEN NAME <u>Unknown</u>	10c. NAME OF HUSBAND OR WIFE <u>Roscoe Shiffner</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		11. SOCIAL SECURITY NO. <u>none</u>	11. INFORMANT <u>Ned B. Bahr</u> Address <u>5641 Chestnut Ave. H.E. Mo.</u>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYPOSTATIC PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>FRACTURED Hip.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>ARTERIOSCLEROSIS - Senility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fell at home</u>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell at home</u>	
20c. TIME OF INJURY Hour <u>7-20-57</u> Month, Day, Year a.m. <u>7-20-57</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u> COUNTY <u>JACKSON</u> STATE <u>MO</u>	
21. I attended the deceased from <u>7-21-57</u> to <u>8-1-57</u> and last saw her alive on <u>8-1-57</u> Death occurred at <u>2:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles E. Vilmer M.D.</u> (Degree or title) <u>0</u>		22b. ADDRESS <u>1216 Professional Bldg</u>	22c. DATE SIGNED <u>8-2-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 5-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
24. FUNERAL DIRECTOR <u>C.H. Blackman &amp; Son Inc.</u> ADDRESS <u>H.E. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-3-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Charles B. Vilmer

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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 *W.C. Quinn* .....

Licensed Embalmer No. *4879* .....

P. O. Address *W.C. Ma* .....

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.