

FILED DEC 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40766
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 5572 Registrar's No. 213

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City Prairie Swp TOWN		c. CITY OR TOWN Kansas City 308 ²	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp		d. STREET ADDRESS (If outside, give location) 308 Blue Ridge	
3. NAME OF DECEASED (Type or print) First Allen Middle P Last Shaffer		4. DATE OF DEATH Month 11 Day 23 Year 57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/4/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture finisher		10b. KIND OF BUSINESS OR INDUSTRY Retired from Robert Keith	11. BIRTHPLACE (City and state or country) Unk
13a. FATHER'S NAME No record		13b. MOTHER'S MAIDEN NAME No record	12. CITIZEN OF WHAT COUNTRY? Unk U S A
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war dates of service) no no		16. SOCIAL SECURITY NO. 487-10-6612-A	17. INFORMANT Address Mrs. E. L. Morgan, 308 Blue Ridge K C Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Cervical Spine			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			9000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Fell down stairs		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 11-2157	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.) Residence		20f. CITY, TOWN, OR LOCATION Pratts Blvdy Jackson Mo	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh A Ramey Coroner (Degree or title)		22b. ADDRESS 1034 Pratt Blvd	22c. DATE SIGNED 11-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/25/57	23c. NAME OF CEMETERY OR CREMATORY Green Lawn	23d. LOCATION (City, town, or county) (State) Kansas City, Mo
24. FUNERAL DIRECTOR Shell Funeral Home		25. DATE RECD. BY LOCAL REG. K C Mo 11-25-1957	26. REGISTRAR'S SIGNATURE W B Lufford

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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DEC 4 1957

Jackson County Hosp 25 yrs Jackson County Hosp 25 yrs
 Jackson City Jackson City
 Jackson Jackson
 11/23/57 11/23/57
 male male
 white white
 X X
 11/23/57 11/23/57
 No record No record
 Edna Baker Edna Baker
 U S A U S A
 308 Blue Ridge 308 Blue Ridge
 E. L. Morgan E. L. Morgan
 787-10-212-A 787-10-212-A
 no no

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 *Thomas A. Shel*

Licensed Embalmer No. *4957*
 P. O. Address *K.C. Mo.*

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. 11/23/57
 If this body is not embalmed, fact should be so stated above.

K C Mo Special Funeral Home