

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 19 1960 149 Primary Registration District No. 1002 Registrar's No. 6189 STATE FILE NUMBER 59-046856

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 7 YRS	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GEN. HOSP #1	Inside Limits Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3529 BENTON	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRED Middle W. Last SHAFFER			4. DATE OF DEATH Month 12 Day 23 Year 1959			
5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-6-1929	9. AGE (last birthday) 30 YRS	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY GARAGE	11. BIRTHPLACE (City and state or country) BEGGS, OKLA.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME LENNIE SHAFFER		13b. MOTHER'S MAIDEN NAME ORETA PRUDHAM		14. NAME OF HUSBAND OR WIFE DEE ORA SHAFFER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1946		16. SOCIAL SECURITY NO. -	17. INFORMANT Address DEE ORA SHAFFER - K.C., MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemorrhagic Shock		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hemoperitoneum-Hemothorax	
	DUE TO (c) Multiple Penetrating Shot Gun Gunshot Wounds of Body.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:30 Month, Day, Year 12/22/59 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.) 3238 Cigna	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, MO.
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Print name or title) Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 12/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-26-1959	23c. NAME OF CEMETERY OR CREMATORY RAGSDALE F. HOME MWSKOBEE, OKLA	23d. LOCATION (City, town, or county) (State) OKLA
24. FUNERAL DIRECTOR ADDRESS BROWN-HUOSON, K.C., MO.		25. DATE RECD. BY LOCAL REG. 12-24-59	26. REGISTRAR'S SIGNATURE neva mitchell

DOCUMENT
BY AFFIDAVIT OF
M. Tillman MEDICAL CERTIFICATION

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 Millard B. Pask

Licensed Embalmer No. 5013

P. O. Address F.C. 22

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.