

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-009522

STATE FILE NUMBER

AMENDED

Registration District No. 167 Primary Registration District No. 5606 Registrar's No. 14

FILED APR 12 1961

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Prairie Village, Kansas</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. Highway #50 West,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3005 W. 72nd St.</u>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>GLENN CALVIN SCHEUFELE</u>			4. DATE OF DEATH Month Day Year <u>April 8th. 1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-27-25</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Consulting Engineer,</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christian C. Scheufele,</u>		13b. MOTHER'S MAIDEN NAME <u>Louise George,</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley Mae Scheufele,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		

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 <u>Instant</u>
IMMEDIATE CAUSE (a) <u>Multiple Fractures</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Head and Chest Injuries,</u>	
	DUE TO (c) <u>Auto Accident,</u>	

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	
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19. WAS AUTOPSY PERFORMED? 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.) <u>Automobile Accident,</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>10:40 A.M. 4-8-1961</u>	U.S. Highway # 50, Western Edge of Johnson County, Missouri		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway #50</u>	20f. CITY, TOWN, OR LOCATION <u>Johnson County, Jackson Township, Missouri</u>
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21. I attended the deceased from I Saw Him Dead on, to 4-8-1961 and last saw her/him alive on _____
Death occurred at 10:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Coroner</u>	22b. ADDRESS <u>Holden MO</u>	22c. DATE SIGNED <u>4/9/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-11-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cremation</u>	23d. LOCATION (City, town, or county)
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24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer's Sons, Kansas City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>April 10, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Marion Ross</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED: 4/24/61
INSTEAD OF: Not while at work
DOCUMENT: Attending Physician
BY AFFIDAVIT OF: Attending Physician
ITEM NO.: 200
SHOULD READ: while at work

MS APR 24 1962

APR 18 1967

APR 14 1967

8 1967

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 R A B Banning

Licensed Embalmer No. 337

P. O. Address Warrenville

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.