

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1740  
17401-013922  
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

AMENDED

**FILED APR 26 1961**

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY - <u>Jackson</u>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>   |   | Length of stay in 1b<br><u>1 Day</u>  | c. CITY OR TOWN<br><u>Missouri</u><br><u>Kansas City</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Menorah Medical Center</u>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>6646 Milhaven Dr.</u>       |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>Schere</u> Last _____   |   |   | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>8</u> Year <u>1961</u>   |   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-10-86</u>   | 9. AGE (last birthday)<br><u>74</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Sailor</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Clothing</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Lithuania</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                    |  |
| 13a. FATHER'S NAME<br><u>Isaac Joseph Schere</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Channah</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Rachel</u>                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br>=====  |  | 17. INFORMANT<br><u>Mission, Ks.</u><br><u>Louis Zolotor, 6646 Milhaven Dr.</u> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 hrs.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |   |   |  |   | DUE TO (b) <u>Arteriosclerotic heart disease</u>   |
|   |   |   |  |   | DUE TO (c) _____   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input 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.)  |  |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   |   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input 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.)  | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY _____ STATE _____   |
| 21. I attended the deceased from <u>Dec. 21, '57</u> to <u>present</u> and last saw <sup>them</sup> him alive on <u>April 7, 1961</u><br>Death occurred at <u>3:15</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |  |
| 22a. SIGNATURE<br><u>Alexander Shifrin M.D.</u>   |   |   | 22b. ADDRESS<br><u>701 East 63rd, K.C. 10, Mo.</u>   |   | 22c. DATE SIGNED<br><u>4/8/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 23b. DATE<br><u>4/9/1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sheffield Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>J.P. Louis Funeral Home, K.C., Mo. 4-8-61</u>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>4-8-61</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Alexander Shifrin 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 Greg Buffington  
\_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.