

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3577-62-027331

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED JUL 25 1962
 Primary Registration District No. 1002 Registrar's No. 3877
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 35 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 St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3132 Pennsylvania Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Francis Middle S. Last Shatto			4. DATE OF DEATH Month July Day 6 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-1907
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Airlines	11. BIRTHPLACE (City and state or country) Milan, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE Helen B. Shatto	
13a. FATHER'S NAME William Shatto		13b. MOTHER'S MAIDEN NAME Ethel Regen	
14. NAME OF HUSBAND OR WIFE Helen B. Shatto		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address K.C. Mo. Mrs. Helen B. Shatto, 3132 Pennsylvania	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia			INTERVAL BETWEEN ONSET AND DEATH 3 Mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Adenocarcinoma <i>Lungs, Liver, Pelvis</i>			12 Mos
DUE TO (c) Adenocarcinoma Rectum			3 Yrs
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 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 _____ a.m. _____ p.m.	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 10-30-61 to 7-6-62 and last saw him alive on 7-5-62 Death occurred at 6:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Campbell MD</i> (Degree or title)		22b. ADDRESS 1103 Grand K.C. Mo	22c. DATE SIGNED 7/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-9-1962	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, ADDRESS 20 W. Linwood K. C. Mo.		25. DATE RECD. BY LOCAL REG. 7-8-62	26. REGISTRAR'S SIGNATURE <i>Ruth H Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

John Campbell

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 *Alfred J. Dickerson*

Licensed Embalmer No. 5120

P. O. Address K. C. 11, MD

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.