

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038945 ✓

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 5188 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

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 55 years	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 3630 Jefferson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3630 Jefferson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VERA SKEFFINGTON SCHULTZ			4. DATE OF DEATH Month Day Year October 11 1962
5. SEX Female	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 10-16-85
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Order Clerk		10b. KIND OF BUSINESS OR INDUSTRY Luziers	11. BIRTHPLACE (City and state or country) Parsons, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Dennis Skeffington	
14. MOTHER'S MAIDEN NAME Maria Donohue		15. NAME OF HUSBAND OR WIFE Ralph H. Schultz	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction		19. INTERVAL BETWEEN ONSET AND DEATH 10/11/62	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION COUNTY STATE	
27. I attended the deceased from May 1949 to Oct. 11, 62 and last saw her alive on Oct 9, 1962 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		28. SIGNATURE (Degree or title) Lyle G. Willits M.D.	
29. ADDRESS 1103 Grand Avenue		30. DATE SIGNED 10/12/62	
31. BURIAL, CREMATION, REMOVAL (Specify) Burial	32. DATE 10-15-1962	33. NAME OF CEMETERY OR CREMATORY Forest Hill	34. LOCATION (City, town, or county) (State) Kansas City Mo.
35. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K.C. Mo.		36. DATE RECD. BY LOCAL REG. 10-12-62	37. REGISTRAR'S SIGNATURE Ruth Long

File #1. Wichita
1515 Professional Bldg
Rm 2-1419
in office until 5:00

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 Alvin R. Haunschuld

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.
If this body is not embalmed, fact should be so stated above.