

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004100

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 438

FILED JAN 22 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE MO. b. COUNTY FRANKLIN</p> <p>c. CITY OR TOWN WASHINGTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 426 W. EIGHTH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED</p> <p style="text-align: center;">First Middle Last</p> <p style="text-align: center;">PERRY E. SHAFFERKOETTER</p>	
<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;">JAN. 14 1963</p>	
<p>5. SEX MALE</p>	<p>6. COLOR OR RACE WHITE</p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH SEPT. 12, 1899</p>
<p>9. AGE (last birthday) 63</p>	<p>IF UNDER 1 YEAR Months 4 Days 2 Hours Min. </p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY BUSINESS MAN</p>
<p>11. BIRTHPLACE (City and state or country) HOLTS SUMMIT, MO.</p>	<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>
<p>13a. FATHER'S NAME WILLIAM F. SHAFFERKOETTER</p>	<p>13b. MOTHER'S MAIDEN NAME ADDIE BAYSINGER</p>
<p>14. NAME OF HUSBAND OR WIFE ADA F. SHAFFERKOETTER</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) YES WORLD WAR I</p>	<p>16. SOCIAL SECURITY NO. 94</p>
<p>17. INFORMANT Address CARL E. SHAFFERKOETTER ELMONT RD. SULLIVAN, MO.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Acute right heart failure INTERVAL BETWEEN ONSET AND DEATH 1 wk</p> <p style="text-align: center;">DUE TO (b) Carcinomatous of liver 5 mos</p> <p style="text-align: center;">DUE TO (c) Carcinoid lung - left lower lobe 1 1/2 yrs</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year </p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 1-4-63 to 1-14-63 and last saw her/him alive on 1-13-63</p> <p>Death occurred at 12:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Karl Balap, M.D.</p>	<p>22b. ADDRESS 3623 Cleveland Ave. St. Louis, Mo.</p>
<p>22c. DATE SIGNED 1-15-63</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p>	<p>23b. DATE JAN. 16, 1963</p>
<p>23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY</p>	<p>23d. LOCATION (City, town, or county) (State) UNION, MO.</p>
<p>24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.</p>	<p>25. DATE RECD. BY LOCAL REG. JAN 15 1963</p>
<p>26. REGISTRAR'S SIGNATURE Loan Smith, M.D.</p>	

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ralph Oltoness

Licensed Embalmer No. 4808

P. O. Address Union, 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.