

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17271

State File No.

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>KNOW</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOW</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>45 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u> <u>0520</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>A.</u> c. (Last) <u>SHAEFFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>12</u> <u>50</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>SEPT 15 1863</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>86</u> <u>7</u> <u>27</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CARPENTER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PENNSYLVANIA</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>ISREAL SHAEFFER</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE ARNOLD</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. McClanahan Kansas City</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Cardio-Vascular-Renal Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-26-50</u> <u>5-12-50</u> <u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4/26</u> , 19 <u>50</u> , to <u>5-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>50</u> , and that death occurred at <u>7:00 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Harry H. Williams, D.O.</u>				23b. ADDRESS <u>Gibson Hospital, Edina, Mo.</u>		23c. DATE SIGNED <u>5-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CATHOLIC Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Edina Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 18-1950</u>		REGISTRAR'S SIGNATURE <u>Nelle S. Nunn</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul C. Kuehner Edina Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10. 48

570

RECEIVED

MAY 23 195

District Health Officer No. 10

District File Number 5-20-8

Date Filed

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
Student Embalmer

Signed *Paul C. Kueghausen*

Licensed Embalmer No. 4085

P. O. Address *China 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 this body is not embalmed, fact should be so stated above.