

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37244

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4779

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, write RURAL and give town OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 4 months	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leeds T.B. San.		d. STREET ADDRESS (If rural, give location) 5902 SCARRIT	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) SHAFER	c. (Last) SHAFER	4. DATE OF DEATH (Month) (Day) (Year) 11-12-50
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-26-1884	9. AGE (In years last birthday) 71 1/2	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) BROWNING MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FREDRICK SHAFER	13b. MOTHER'S MAIDEN NAME REBECCA PAINTER	14. NAME OF HUSBAND OR WIFE CLARA CARROLL SHAFER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 707-09-5223	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Shaper K.C. MO	18. ADDRESS
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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.	18. CAUSE OF DEATH DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct-10, 1950, to Nov-12, 1950, that I last saw the deceased alive on 11/12, 1950, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) O.M.D.	23b. ADDRESS K.C. MO	23c. DATE SIGNED 11/12/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/13/50	24c. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery Wheeling MO	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 11-13-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE SHEFF-YUNGERL HOME	ADDRESS K.C. MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

J. P. Scheil

Licensed Embalmer No. 3625

P. O. Address H. C. M. O.

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.