

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8794

State File No.

FILED MAR 17 1951

872

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

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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 3 mo.		d. STREET ADDRESS (If rural, give location) 4271 E. 60th st. terr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4271 E. 60th st. terr.			

3. NAME OF DECEASED (Type or Print) a. (First) FRED	b. (Middle)	c. (Last) SCHAEFER	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer	10b. KIND OF BUSINESS OR INDUSTRY Truck & Wagon Bodies	11. BIRTHPLACE (State or foreign country) Hanover, Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fred Schaefer	13b. MOTHER'S MAIDEN NAME Elsie Kassen	14. NAME OF HUSBAND OR WIFE Elizabeth Schaefer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Schaefer ADDRESS Kansas City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH 177X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) (m.)	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 June 1, 1949 to Feb 24, 1951, that I last saw the deceased alive on Feb 27, 1951, and that death occurred at 7 25 m., from the causes and on the date stated above.

23a. SIGNATURE H. B. Sullivan (Death of title)	23b. ADDRESS Shawnee, Kansas	23c. DATE SIGNED Feb 25, 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-27-51	24c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery	24d. LOCATION (City, town, or county) (State) Shawnee, Kansas
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DATE REC'D BY LOCAL REG. 2-26-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Edna C. ... ADDRESS Shawnee, Kansas
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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 Paul Lewis

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kansas

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.