

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1952

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

BIRTH NO. _____		REG. DIST. NO. <b>14</b>		PRIMARY REG. DIST. NO. <b>4029</b>		Registrar's No. <b>6</b>	
1. PLACE OF DEATH a. COUNTY <b>Barton</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>Mindenmines</b> c. LENGTH OF STAY (In this place) <b>4 mo.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mindermines, Mo.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Crawford</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural OR TOWN Pittsburg, Kansas RR1-Baker</b> d. STREET ADDRESS (If rural, give location) <b>Pittsburg, Kansas RR 1.55</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle)		c. (Last) <b>Sheffer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 4, 1863</b>	
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Industry</b>		11. BIRTHPLACE (State or foreign country) <b>Marion Co. Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Sheffer-deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Melvin Patrick</b> ADDRESS <b>Minden, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <b>Liver insufficiency and cholemic</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Obstructive jaundice</b> DUE TO (c) <b>Carcinoma man bile duct</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Recurrent Nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks. to 6 mos. to 1 yr. to 2 wks.</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>155X</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 10, 1952</b> , to <b>Jan. 25, 1952</b> , that I last saw the deceased alive on <b>Jan. 25, 1952</b> , and that death occurred at <b>9:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. H. Kneeland, Jr.</b> (Print or Type)				23b. ADDRESS <b>Liberal, Mo.</b>		23c. DATE SIGNED <b>1-29-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 31, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive</b>		24d. LOCATION (City, town, & county) (State) <b>Pittsburg, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>Feb 6, 1952</b>		REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SMITH FUNERAL HOME</b> ADDRESS <b>Pittsburg, Kan</b>			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*J. Smith*

Signed.....

Student Embalmer

Licensed Embalmer No. 3969

P. O. Address Pittsburgh, Pa.

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.