

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1492
9

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. LENGTH OF STAY (In this place) 29 years | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Polyclinic Hospital | | d. STREET ADDRESS (If rural, give location) 1116 Forest | |

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|---|------------------------|--|--|---------------------------------|----------------|--|------------------------|----------------------|---------------------------------------|------|--|
| 3. NAME OF DECEASED (Type or Print) PEARL | | | a. (First) L. | | b. (Middle) L. | | c. (Last) SHAFF | | 4. DATE OF DEATH January 1, 1952 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 27, 1886 | | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | | 11. BIRTHPLACE (State or foreign country) Conway Springs, Kansas | | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |

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|----------------------------------|--|-----------------------------------|--|---------------------------------------|--|
| 13a. FATHER'S NAME Gilbert Riggs | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Ben Shaff | |
|----------------------------------|--|-----------------------------------|--|---------------------------------------|--|

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|--|-------------------------------------|---|--|---------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 492-14-1662 | 17. INFORMANT'S SIGNATURE OR NAME Ben Shaff, 1116 Forest K. C. Mo | | ADDRESS | |
|--|-------------------------------------|---|--|---------|--|

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|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | DUE TO (b) Hypertension | | | | Dec 28, 1951 | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) | | | | 2 years | |
| II. OTHER SIGNIFICANT CONDITIONS - | Conditions contributing to the death but not related to the disease or condition causing death. | | | | 331X | |

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|------------------------|----------------------------------|--|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? | | |
|--|--|----------------------------|--|--|

22. I hereby certify that I attended the deceased from Jan 2, 1952, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

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|---|--|-------------------------|--|------------------------------|--|
| 23a. SIGNATURE Sidney B. Devins (Degree or title) | | 23b. ADDRESS 1127 Groot | | 23c. DATE SIGNED Jan 1, 1952 | |
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|--|-----------------------|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan 3, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
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|---------------------------------|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 1-2-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILKS FUNERAL HOME, 2315 Linwood K. C. 3 Mo | | |
|---------------------------------|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

MS
JUL 29 1958

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 Chas E. Weeks

Licensed Embalmer No. 2644

P. O. Address Yonkers N.Y.

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.