

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36220**

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson <u>3338</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Co. Home		c. LENGTH OF STAY (In this place) 10 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Hospital		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3315 East 22 St.	

3. NAME OF DECEASED (Type or Print) Clyde Shafer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1953		
a. (First)	b. (Middle)		c. (Last)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 18, 1876		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dover Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Shafer		13b. MOTHER'S MAIDEN NAME Mollie Eastwood		14. NAME OF HUSBAND OR WIFE	
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. No Record		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jess Shafer 3315 E. 22 Kansas City Mo.	

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) Coronary Occlusion			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis			
		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. Diabetes			

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) 4201	
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?	

22. I hereby certify that I attended the deceased from 4-15, 1953, to 10-12, 1953, that I last saw the deceased alive on 10-12, 1953, and that death occurred at 10:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Quincy Reyna, M.D.		23b. ADDRESS 1032 Prof. Bldg. K.C. Mo.		23c. DATE SIGNED 10-13-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			

DATE REC'D BY LOCAL REG. Oct 14-53		REGISTRAR'S SIGNATURE N. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster Kansas City Mo.	
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY--USING UNEADING 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.....
Signature of Student Embalmer

Signed *Dean Quene*.....

Licensed Embalmer No. *428*.....

P. O. Address *T. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.