

BIRTH NO. 13854 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson Co K.C.M.O.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City MO</i>	c. LENGTH OF STAY (In this place) <i>5 day</i>	c. CITY OR TOWN <i>Kansas City</i>	d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Luke's Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>1020 W. 56th St 384th</i>	

3. NAME OF DECEASED (Type or Print) <i>Steven Scheaffer</i>	a. (First)	b. (Middle) <i>Twyman</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>11 18 55</i>
---	------------	---------------------------	-----------	---

5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>11/3/55</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <i>5</i>	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
--------------------	-------------------------------	---	---------------------------------	---------------------------------	---------------------------------	----------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Kansas City Mo. 0</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
---	-----------------------------------	---	--

13a. FATHER'S NAME <i>Richard Twyman</i>	13b. MOTHER'S MAIDEN NAME <i>Cynthia Waldron</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Don Lowell</i>	ADDRESS <i>St. Luke's Hospital</i>
--	-------------------------------------	---	------------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Breunonitis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary atelectasis</i> DUE TO (c) <i>Immaturity</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>7625</i>

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

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>David M. Gibson M.D. (Pathologist)</i>	(Degree or title) <i>0</i>	23b. ADDRESS <i>St. Luke's Hospital I.C.C. no.</i>	23c. DATE SIGNED <i>11/22/55</i>
--	----------------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Crementation at Hospital</i>	24b. DATE <i>11-18-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Luke's Hosp</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <i>11-18-55</i>	REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>St. Luke's Hosp. K.C.M.O.</i>	ADDRESS
--	--	---	---------

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

*Not embalmed -
Cremated at Hospital
found in Ashburn MD.*

Signed.....

Licensed Embalmer No.....

P. O. Address

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.