

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34225

STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4268

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V. A. Hospital</b>		Length of stay in lb <b>66 yrs 2 1/8</b>	
A STREET ADDRESS <b>1004 MONROE</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>HERBERT</b>			First Middle Last <b>M. SCHAFFER</b>			4. DATE OF DEATH <b>October 1 1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>November 13, 1895</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Asphalt Company</b>			11. BIRTHPLACE (City and state or country) <b>Burlington, Iowa</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Charles J. Schafer</b>						14. MOTHER'S MAIDEN NAME <b>Martha Aicher</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>				16. SOCIAL SECURITY NO. <b>World War I</b>		17. INFORMANT <b>Official VA Hospital Records, K. C. Mo.</b>					

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepatic failure with massive ascites and jaundice</b>										INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) _____	
DUE TO (c) <b>Portal cirrhosis; Marked</b>										58 <sup>10</sup>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY STATE		
21. Attended the deceased from <b>August 28, 1956</b> to <b>October 1, 1956</b> . Death occurred at <b>5:35 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.											
22. SIGNATURE <b>J. A. TURNER M.D.</b>						22b. ADDRESS <b>VA Hospital</b>			22c. DATE SIGNED <b>10-1-56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>10/3/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cem.</b>			23d. LOCATION (City, town, or county) (State) <b>Raytown, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Geo. C. Carson Independence, Mo.</b>					25. DATE RECD. BY LOCAL REG. <b>10-1-56</b>			26. REGISTRAR'S SIGNATURE <b>Merna Minshall</b>			

(Licensed Embolmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

300  
-56

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 John A. Redmon, Student Embalmer No. 5  
working under my personal supervision.

Student John A. Redmon  
Signature of Student Embalmer

Signed Lloyd C. Carson

Licensed Embalmer No. 77

P. O. Address Indy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.