Health, Welfare Public Service

300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1433
STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 301

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 406 E. 104th St. — Length of stay in Ib: 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 406 E. 104th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HAZEL Middle HELEN Last SHIFFER
4. DATE OF DEATH: Month Jan Day 19 Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 7, 1883
9. AGE (In years last birthday): 74 — 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): Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Main Post Office
11. BIRTHPLACE (City and state or country): Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Frank A. Oviatt
13b. MOTHER'S MAIDEN NAME: Helen Fish
14. NAME OF HUSBAND OR WIFE: Wm. P. Shiffer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-40-6045
17. INFORMANT: Wm. P. Shiffer, Jr., Address: 406 E. 104th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypernephroma c̄ Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 20 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 18D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Cardiovascular disease
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4 April 1956, to 19 Jan '58 and last saw her alive on 25 Nov. 1957
Death occurred at 2:05 PM. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred H. Lundgren Jr. MD
22b. ADDRESS: 315 Nichols Rd.
22c. DATE SIGNED: 20 Jan '58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-21-58
23c. NAME OF CEMETERY OR CREMATORY: Highland Park Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, ~~Mo.~~ Ka.

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home
ADDRESS: Main-Linwood
25. DATE RECD. BY LOCAL REG.: 1-20-58
26. REGISTRAR'S SIGNATURE: Neva M Imshell

(Licensed Embalmer's Statement on Reverse Side)

Fred H. Lundgren Jr USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

Dr. Fred H. Lundy
Plaza Med. Bld.
Va 1-8833

11:30 am 5 P.M.

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 James E. Hacklemo

Licensed Embalmer No. 4573

P. O. Address K.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.