

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039163
STATE FILE NUMBER

80151-57
FILED DEC 9 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 550

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Illinois COUNTY Alexandra	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thebes Illinois 9		c. CITY OR TOWN Thebes Illinois 9	
c. FULL NAME OF HOSPITAL OR INSTITUTION So. East Mo Hospital		d. STREET ADDRESS Thebes Ill	

3. NAME OF DECEASED (Type or print) First Middle Last Karen Kay Shafer			4. DATE OF DEATH Month Day Year Nov, 17, 1958		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov, 17, 1958	9. AGE (In years last birthday) 12 0	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) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cape Girardeau Mo	12. CITIZEN OF WHAT COUNTRY? U?S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME James Shafer	13b. MOTHER'S MAIDEN NAME Genevia Gaess	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. None	17. INFORMANT James Shafer Thebes Illinois	Address
---	---------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital anomalies</i>		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)		
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 <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. I attended the deceased from Death occurred at 6:58 PM	11-17-58	and last saw <input checked="" type="checkbox"/> alive on 11/17/58
---	----------	--

22a. SIGNATURE <i>Fred E. Rawlin MD</i>	(Degree or title)	22b. ADDRESS 29 N. Spring Cape Girardeau	22c. DATE SIGNED 11/22/58
--	-------------------	---	------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/18/58	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cent.	23d. LOCATION (City, town, or county) (State) Thebes Illinois
---	-----------------------	---	--

24. FUNERAL DIRECTOR L.I. Haman Cape Girardeau Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Dec 1, 1958	26. REGISTRAR'S SIGNATURE <i>Mr. Homer Cooper</i>
--	---------	---	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *L. L. Haman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.