

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017937

STATE FILE NUMBER  
2320

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300  
1-57

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>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1702 Main</b>	
Length of stay in lb <b>24 Yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Perry</b> Middle <b>C.</b> Last <b>Shafer</b>			4. DATE OF DEATH Month <b>5</b> Day <b>8</b> Year <b>59</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 type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 16, 1882</b>
9. AGE (In years last birthday) <b>76</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Retired Employee of K.C. Park Department</b>	11. BIRTHPLACE (City and state or country) <b>Muncie, Indiana</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Employee of K.C. Park Department</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Shafer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Long</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Edith Shafer</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>511-18-9826</b>	17. INFORMANT <b>Mrs. Maude E. Lamb, 110 East 44th, 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>Bilateral Broncho-pneumonia</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) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>491X</b>			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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>3-18-59</b> to <b>5-8-59</b> and last saw <sup>him</sup> <b>xx</b> alive on <b>5-8-59</b> Death occurred at <b>10:15 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Abraham Gelperin</b> (Degree or title) <b>D</b>		22b. ADDRESS <b>General Hospital</b>	22c. DATE SIGNED <b>5-9-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>May 11th, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Milford, Kansas</b>
24. FUNERAL DIRECTOR <b>FREEMAN MORTUARY, Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Melva Marshall</b>

Abraham Gelperin. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

X

X

XX

St. Louis

X Oct. 16, 1881 X

Received the body of ... O. ... Department ...  
 ... ..  
 ... ..  
 ... ..

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 *Chas. H. Barnes* .....

Licensed Embalmer No. 4793  
 P. O. Address K. R. 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.