

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 10 1959

59-036530

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 489

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 13 yrs	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 12308 E 42nd Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle LOMAN Last SHAFFER			4. DATE OF DEATH Month 10 Day 31 Year 59
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/6/1928
9. AGE (last birthday) 31		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass. Casualty Supt		10b. KIND OF BUSINESS OR INDUSTRY U S Fidelity & Guarantee Latour Mo	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME William Loman Shafer		13b. MOTHER'S MAIDEN NAME Minnie Maloney	14. NAME OF HUSBAND OR WIFE Edna E Shafer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2		16. SOCIAL SECURITY NO. 497-28-6337	17. INFORMANT Address Mrs. Edna Shafer, 10203 E 42nd
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embryonal Carcinoma of Testis with generalized metastasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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. Month, Day, Year _____			
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. I attended the deceased from Oct 1958 to Present and last saw him alive on 10/30/59 Death occurred at 9:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E B Halton MD (Degree or title)		22b. ADDRESS Independence Mo	22c. DATE SIGNED 10/31/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/2/59	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet	23d. LOCATION (City, town, or county) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Sheil Colonial Funeral Home K C Mo		25. DATE RECD. BY LOCAL REG. 11-2-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6551 0 T AON SA

DEC 4 1959

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 John P. Shurt

Licensed Embalmer No. 3625

P. O. Address: H. C. W.

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.