

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019606

FILED VS JUN 6 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2782

| | | | |
|--|--|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>10 hours</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>Lee Summit</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS <u>Lee Summit, Mo.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>LARRY RICHARD SCHAFF JR.</u> | | | |
| 4. DATE OF DEATH Month Day Year <u>5-19-60</u> | | 5. SEX <u>Male</u> | |
| 6. COLOR OR RACE <u>White</u> | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | |
| 8. DATE OF BIRTH <u>5-19-60</u> | | 9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. <u>11 30</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) <u>Odessa, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Larry Richard Schaff</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruth Wilkinson</u> | |
| 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) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Larry Schaff</u> Address <u>Lee Summit, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hyaline Membrane disease</u> DUE TO (b) <u>Pneumonia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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"/> | | 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 <u>5-19-60 7⁵⁸ a.m.</u> to <u>5-19-60</u> and last saw her alive on <u>5-19-60</u> Death occurred at <u>6⁰⁴ P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Stanley Penner M.D.</u> | | 22b. ADDRESS <u>Kansas City, Mo. 1710 Independence Ave</u> | |
| 22c. DATE SIGNED <u>5-19-60</u> | | 23a. BIRTHPLACE, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>5-21-60</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Mayfield Blue Springs Mo</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>5-21-60</u> | | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Stanley Penner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E Mayfield

Licensed Embalmer No. 463

P. O. Address Blue Springs

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