

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

=60-029583

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberal</u>		Length of stay in 1b <u>3 months</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Denton Street</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Carl Franklin Shafer</u>			4. DATE OF DEATH Month Day Year <u>Aug. 30 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/13/1896</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Operator</u>		11. BIRTHPLACE (City and state or country) <u>Plano, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>

13a. FATHER'S NAME <u>Andrew Shafer</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Mallory Shafer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W. W. I</u>		16. SOCIAL SECURITY NO. <u>495-10-3593</u>		17. INFORMANT Address <u>Alice Shafer-widow-Liberal, Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Coronary occlusion</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Hypertension</u>	
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 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 August 29, 1960 to August 30, 1960 and last saw xx him alive on August 30, 1960
Death occurred at 6:55 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>A. G. Edlerman M.D.</u>		22b. ADDRESS <u>Liberal, Missouri</u>		22c. DATE SIGNED <u>8/31/1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-30-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Scott City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Scott City, Kansas</u>	

24. FUNERAL DIRECTOR ADDRESS <u>Melba J. Mastany Mulberry, Ks.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 30, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



SEP 15 1950

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

Merle Dale Snow

Licensed Embalmer No. *5710.40*

P. O. Address *Pittsburg,*

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.