

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046517

FILED VS DEC 21 1960

154

Primary Registration District No. 5575

Registrar's No. 5009

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY OR TOWN KANSAS CITY <i>Outside corporate limits, give TOWNSHIP only</i> <i>Within corporate limits, give TOWNSHIP only</i>		Length of stay in lb Transit	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 95th & Belmont			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1206 W. 27th St.		
3. NAME OF DECEASED (Type or print) First JUDITH Middle FAYE Last SCHAFFER			4. DATE OF DEATH Month DECEMBER Day 7 Year 1960			
5. SEX FEMALE	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 5-11-1940	9. AGE (last birthday) 20 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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) INDEPENDENCE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES L. BINGER		13b. MOTHER'S MAIDEN NAME RILLA D. GUTHRIE		14. NAME OF HUSBAND OR WIFE RICHARD L. SCHAFFER		
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 Address Charles L. Binger, 2600 So. Vermont, Indep.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Block Hematocrit resulting from rupture of liver & spleen DUE TO (b) retroperitoneal Hematocrit of pelvis 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)					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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Free car collision			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 12-7-60	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, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Lawrenceville Jackson MO		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Geo. C. Carlson			22b. ADDRESS 6625 Park St. St. Louis		22c. DATE SIGNED 12-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-10-60	23c. NAME OF CEMETERY OR CREMATORY OAK RIDGE MEMORY GARDENS		23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.		
24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 12-13-60	26. REGISTRAR'S SIGNATURE Stirling E. Goad			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

110

VS JAN 5 1961

FEB 2 1961

DEC 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 470

P. O. Address Kansas

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