

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009523

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 167 Primary Registration District No. 5606 Registrar's No. 16

FILED APR 12 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Johnson</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Township</u>	a. STATE <u>Kansas,</u>	b. COUNTY
Length of stay in 1b <u>Transit</u>		c. CITY OR TOWN <u>Prairie Village,</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. Highway #50 West,</u>		d. STREET ADDRESS (If outside, give location) <u>3005 W. 72nd. St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<u>SHIRLEY MAE SCHEUFELE</u>			<u>April 8th. 1961</u>	
5. SEX <u>Female</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>12-10-24</u>	9. AGE (last birthday) <u>36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>California,</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John O'Connor,</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Glen Calvin Scheufele</u>
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 Address	

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>Multiple Fractures, r</u>		<u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Head and Chest Injuries,</u>	
	DUE TO (c) <u>Auto Accident</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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Automobile Accident</u>
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20c. TIME OF INJURY Hour <u>10:40 A.M.</u> p.m.	Month, Day, Year <u>4-8-1961</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway #50</u>	20e. CITY, TOWN, OR LOCATION <u>Johnson County, Jackson Township, Missouri</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Johnson County, Jackson Township, Missouri</u>
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21. I attended the deceased from I saw Her Dead, to on 4-8-1961 and last saw her alive on _____
Death occurred at 10:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Coroner</u>	22b. ADDRESS <u>Holden Mo</u>	22c. DATE SIGNED <u>4/8/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-II-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cremation</u>	23d. LOCATION (City, town, or county)
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24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sors, Kansas City, Missouri.</u>	25. DATE RECD. BY LOCAL REG. <u>April 10, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Marion Ross</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

APR 14 1961

APR 18 1961

JUN 8 1961

JUN 1 1961

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 WPA Brunninger

Licensed Embalmer No. 3377

P. O. Address Warren

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.