SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

2754 -61-021446
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1003 Registrar's No.

FILED JUN 1 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 7 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3001 Paseo
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Louise Middle – Last Schaffer
4. DATE OF DEATH Month 6 Day 1 Year 61
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 3/4/1886
9. AGE (last birthday) 75
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) Accountant
10b. KIND OF BUSINESS OR INDUSTRY Candy Mfg.
11. BIRTHPLACE (City and state or country) Chicago, Ill
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Pawlup
13b. MOTHER'S MAIDEN NAME Emily Unterman
14. NAME OF HUSBAND OR WIFE William Schaffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ada Kenepaske Address 6416 Indep. K.C., Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Large and small intestine infarction
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
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5/31/61 to 6-1-61 and last saw her alive on 6-1-61
Death occurred at 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD
22b. ADDRESS 5400 Cherry St.
22c. DATE SIGNED 6/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/3/1961
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah
23d. LOCATION (City, town, or county) Kansas City (State) Mo

24. FUNERAL DIRECTOR C.H. Blackmer ADDRESS K.C., Mo
25. DATE RECD. BY LOCAL REG. 6-2-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF Frank Ellis

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_____ Signed Bert B. Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4656

P. O. Address J. C., Mo

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.