

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031294

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4100-090 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 28 1962

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 358	
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4 0	
5 2	
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7 1	
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9 332X	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Length of stay in 1b <b>42yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3828 Charlotte</b>
3. NAME OF DECEASED (Type or print) First <b>Jessie</b> Middle <b>J.</b> Last <b>Sheffler</b>		4. DATE OF DEATH Month <b>August</b> Day <b>6</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-1-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	9. AGE (last birthday) <b>79</b>
13a. FATHER'S NAME <b>John Sheffler</b>		13b. MOTHER'S MAIDEN NAME <b>Phoebe Hoskins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) <b>right cerebral infarction with bilateral</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>bronchial pneumonia</b>  DUE TO (c) _____		11. BIRTHPLACE (City and state or country) <b>Keokuk, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Sheffler</b>	
17. INFORMANT <b>Mrs. Lillian Baker</b>		Address <b>4017 Vassar Indep.</b>	
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 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.	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 _____ to _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		_____ and last saw her _____ _____ him alive on _____	
22a. SIGNATURE 		22b. ADDRESS <b>2400 Cherry</b>	
22c. DATE SIGNED <b>8-8-62</b>			
23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>Burial</b>	23b. DATE <b>8-9-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b>		25. DATE RECD. BY LOCAL REG. <b>8-8-62</b>	26. REGISTRAR'S SIGNATURE 

USE BLACK INK OR TYPEWRITER RIBBON

**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 Wm. H. Gentry

Licensed Embalmer No. 5038

P. O. Address K. 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.