

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031297

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4405

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1  
2 3 858  
3  
4 )  
5 1  
6  
7 0  
8 2  
9 260X  
10  
11  
12 64-0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

<b>FILED SEP 10 1962</b>		1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in lb <b>62 Years</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) <b>Research Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1223 Arno Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>ALMARETTA SHUFF</b>			4. DATE OF DEATH <b>August 25, 1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/22/99</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FIRST Vice-President</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>B-W Brake Co.</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Harper N. Morgan</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Jeffries</b>	
14. NAME OF HUSBAND OR WIFE <b>Ralph V. Shuff</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			
17. INFORMANT <b>Mr. Ralph V. Shuff, Kansas City, Mo.</b>				Address <b>1223 Arno Road</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a)		<b>Hypertensive Infarction</b>			
DUE TO (b)		<b>atherosclerosis</b>			
DUE TO (c)		<b>Diabetes Mellitus</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 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 <b>8/22/62</b> to <b>8/25/62</b> and last saw her alive on <b>8/25/62</b> Death occurred at <b>4</b> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert C. McClanahan</i>		Degree or title <b>MD</b>		22b. ADDRESS <b>820 Parkview</b>	
22c. DATE SIGNED <b>8/26/62</b>		22d. LOCATION (City, town, or county) <b>(State)</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 27, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City</b>		23e. STATE <b>Missouri</b>		23f. COUNTY	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City, Mo.</b>		Address <b>1331 Brush Creek Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>8-26-62</b>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>					

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF  
**Robert C. McClanahan**  
MEDICAL CERTIFICATION

Dr Robert Cecil Mc Clamaine  
Deceased Hospital (see for details)  
8.309 m

**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 Samuel W. Johnson

Licensed Embalmer No. 4889  
P. O. Address Lathrop, 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.