

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

25795

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 192

1. PLACE OF DEATH:

(a) County in Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 24 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
 (c) City or town Star Route Bonnots Mill
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17
 year 1948 hour 2 minute 45 PM.

21. I hereby certify that I attended the deceased from Feb
1947 to Aug 17, 1948
 that I last saw her alive on Aug 17, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage Duration
24 hrs

Due to Hypertensive Cardiovascular disease 10 yrs
Hypertensive 30 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature L. O. J. (L. O. J. M. D.)
 Address Jefferson City, Mo Date signed 8-18-48

3: (a) PRINT FULL NAME Gertrude Ann Schaefer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rainey Schaefer 6. (c) Age of husband or wife if dead years

7. Birth date of deceased Aug 2nd 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 0 15 hr. min.

9. Birthplace Loose Cree k Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Vossen

13. Birthplace Loose Cree k Mo
(City, town, or county) (State or foreign country)

14. Maiden name Christine Stiefferman

15. Birthplace Loose Creek Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Schaefer

(b) Address Star route Bonnots Mill Mo

17. (a) Burial (b) Date thereof 8-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Catholic Cemetery

18. (a) Signature of funeral director Chyde Maston

(b) Address Linn Mo

19. (a) 8-19-48 (b) R. P. Darrin M.D.
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

76
0
0
1

D-2-511 4
AUG 23 1948
District File Number
District Health Officer No. 9,
RECEIVED

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address. Lebanon, Tenn.

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 this body is not embalmed, fact should be so stated above.