

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1108

BIRTH NO. 48-62185 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5534 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY Holt			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo/ b. COUNTY Holt		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest City-Rural		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest City (Rural)		4. DATE OF DEATH (Month) (Day) (Year) January 12 1949
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) EDITH		b. (Middle) YVONNE		c. (Last) SCHAEFFER	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH October 18 1948		9. AGE (In years last birthday) 3 4	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Leon Claude Schaeffer		13b. MOTHER'S MAIDEN NAME Theta Nora Marrs		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leon Schaeffer Forest City, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, PLEURAL ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MOUNTAIN DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS BIRTH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4911		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 18, 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Calhoun, D.O.		23b. ADDRESS Oregon, Mo.		23c. DATE SIGNED Jan. 23, 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-24-49	24c. NAME OF CEMETERY OR CREMATORY Oregon, Mo.	24d. LOCATION (City, town, or county) (State) Oregon, Mo.		
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DATE REC'D BY LOCAL REG. 1-25-49	REGISTRAR'S SIGNATURE J. Calhoun	1220	25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew		ADDRESS Oregon Mo.
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MAR 24 1919
DISTRICT HEALTH OFFICE
Cameron, Mo.

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3192

P. O. Address Oregon 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 this body is not embalmed, fact should be so stated above.