

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. 15139

BIRTH NO. 27290-49 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Massachusetts</i> b. COUNTY <i>Berkshire</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cape Girardeau</i>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cape Girardeau</i>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Lorraine</i>	b. (Middle)	c. (Last) <i>Schoaf</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 22 - 1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Inf</i>	8. DATE OF BIRTH <i>May 22 - 1949</i>	9. AGE (In years) (Months) (Days) (If under 1 year: Hours) (If under 12 hrs: Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inf</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Cape Girardeau Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Abner Schoaf</i>	13b. MOTHER'S MAIDEN NAME <i>Noami Tucker</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Abner Schoaf - Merrimack</i>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Premature Labor</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Placenta Previa</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9615	

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None done</i>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *May 22, 1949* to *May 22, 1949*, that I last saw the deceased alive on *May 22, 1949*, and that death occurred at *4:15 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Abner W. Ott</i>	23b. ADDRESS <i>Cape Girardeau Mo</i>	23c. DATE SIGNED <i>5-24-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 23 - 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rest Home</i>	24d. LOCATION (City, town, or county) (State) <i>Berkeley Mo</i>
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DATE REC'D BY LOCAL REG. <i>5-25-1949</i>	REGISTRAR'S SIGNATURE <i>C. C. Summers</i>	44	25. FUNERAL DIRECTOR'S SIGNATURE <i>V. J. Young & Sons</i>	ADDRESS <i>Berkeley Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REIVED

Health Officer No. 4
File Number 649-750
led 6-6-49

This body was not embalmed.

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.....

[Handwritten Signature]

Licensed Embalmer No. 2438

P. O. Address [Handwritten Address]

Notes: 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.