

FILED JUL 12 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18969

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SHOAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SHOAL Rural.</u>	
c. LENGTH OF STAY (in this place) <u>6 2 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>SCHORFF.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27 1949.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 21 1886</u>		9. AGE (If years last birthday) <u>62</u>		10. BIRTHPLACE (State or foreign country) <u>Clinton Co. MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>FREDDIE SCHORFF</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA BOUTTEHER</u>		14. NAME OF HUSBAND OR WIFE <u>Edna SCHORFF.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Edna SCHORFF CAMERON, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____
		DUE TO (c) _____			DUE TO (c) _____
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4214</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 1946, 19____, to 1949, 19____, that I last saw the deceased alive on June 25, 1949, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. K. Cameron M.D.</u> (Degree or title)		23b. ADDRESS <u>Cameron, Mo</u>		23c. DATE SIGNED <u>6-28-49</u>	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fahey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near CAMERON MO.</u>	
--	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>6-29-49</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CRUNK CAMERON, MO</u>	
---	--	--	--	---	--

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

2500



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. 266

working under my personal supervision.

Signed Laurence J. Thompson
Student Embalmer

Signed Lee Y. [unclear]

Licensed Embalmer No. 2533

P. O. Address Cameron, Md.

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.