

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26679

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 4			
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY HENRY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. LENGTH OF STAY (in this place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		0422			
d. FULL NAME OF HOSPITAL OR INSTITUTION MOORES REST HOME				d. STREET ADDRESS (If rural, give location) 901 N. 2nd St. 0					
3. NAME OF DECEASED (Type or Print) a. (First) HEYMAN			b. (Middle)			c. (Last) SCHAFFA			
4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1950		5. SEX Male		6. COLOR OF RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married			
8. DATE OF BIRTH April 9, 1882		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months Days		11. UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brightwood Ill. 1		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME August Schaffa			13b. MOTHER'S MAIDEN NAME Mary Whitbrook			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lucy Moores		ADDRESS 901 N 2nd St			
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dont Know				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.				DUE TO (b) was dead when I saw him					
DUE TO (c) Had not been under treatment								7955	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 8/28 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P m., from the causes and on the date stated above.									
23a. SIGNATURE Ed. C. Peeler (Degree or title) M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 8/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Montreal Cem.		24d. LOCATION (City, town, or county) (State) Montrose Mo			
DATE REC'D BY LOCAL REG. Aug 31, 50		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
				Stickman & Dunning Clinton Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1950

SEP 29 1950

RECEIVED 9-5-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-5-50

SEP 13 1950

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 *Robert L. Dennis*

Licensed Embalmer No. 4710

P. O. Address *Clinton 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.