

FILED SEP 15 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 29138

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112A Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kelso Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kelso Twp.</u>	
c. LENGTH OF STAY (in this place) <u>37 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1/4 MI N OF Kelso, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 MI N OF Kelso, Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>PAULINE</u>		b. (Middle) <u>SCHAEFER</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 1, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>AUG 3, 1872</u>
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>10</u>	
11. UNDER 1 HRS. Hours <u>28</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>NEW HAMBURG, MISSOURI.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>MARTIN BISHER</u>		13b. MOTHER'S MAIDEN NAME <u>FELICITA WIMEE</u>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ervin Elmer Chaffee Jr</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. <u>None</u>	
17. ADDRESS <u>Chaffee Jr</u>		18. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Demility</u> DUE TO (b) 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 <u>4222</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) (Min.)		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 <u>July 1, 1949</u> to <u>Sept 1, 1950</u> , that I last saw the deceased alive on <u>7-1, 1950</u> , and that death occurred at <u>12 A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Ervin Elmer Chaffee Jr</u>		23b. ADDRESS <u>Chaffee Jr</u>	
23c. DATE SIGNED <u>9-2-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Augustine's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kelso Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ervin Elmer Chaffee Jr</u>	
25. ADDRESS <u>Chaffee Jr</u>		26. DATE REC'D BY LOCAL REG. <u>9-2-50</u>	
REGISTRAR'S SIGNATURE <u>Ervin Elmer Chaffee Jr</u>		27. REGISTERAR'S NO. <u>330</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 8  
SCOTT COUNTY HEALTH  
CO. FILE NO. 950

DEC 3 1951

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 Oliver P. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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