

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41765

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>706 N. 7th. St.</u>	
3. NAME OF DECEASED a. (First) <u>Alice</u> b. (Middle) <u>Rebecca</u> c. (Last) <u>Schaeffer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 2, 1871</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR <u>11</u> Months <u>6</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
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>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Burks County, Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard Eckenroad</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>I.F. Schaeffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Laura Schaeffer, Louisiana, Mo.</u>
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Hypertensive Cardiac Vascular disease</u> DUE TO (c) <u>Piniecedal abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE (Specify) <u>HOMICIDE</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-8-50 2:25 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 18-50</u> to <u>12-8, 1950</u> , that I last saw the deceased alive on <u>12-8, 1950</u> , and that death occurred at <u>2:25A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas H. Kuehler</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>	
23c. DATE SIGNED <u>12-8-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George O. Nagner</u> ADDRESS <u>Louisiana, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Berniece Collier</u>	

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

Date Received: DEC 14 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-3  
Date Filed: DEC 14 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~~ .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*George O. Wagner*  
.....  
Licensed Embalmer No. 3773

Signed.....  
Student Embalmer

P. O. Address *Louisiana* .....

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.