

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2079

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Ohio St & Mo. Pac. track

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 1804
d. STREET ADDRESS (If rural, give location) 250 S. Quincy 0

3. NAME OF DECEASED
(Type or Print) a. (First) CARL b. (Middle) William Julius c. (Last) Schoerfeld

4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb-17-1886 9. AGE (In years last birthday) 64 11 10 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Employee
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Deshler Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Julius Schoerfeld

13b. MOTHER'S MAIDEN NAME Louise Tiems

14. NAME OF HUSBAND OR WIFE Minnie Schoerfeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 492-18-9522

17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Schoerfeld ADDRESS Sedalia

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) Accidental death due to being hit by locomotive while driving a truck across railroad crossing resulting in multiple crushing injuries of chest and skull.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple crushing injuries of chest and skull.
DUE TO (c) Multiple crushing injuries of chest and skull.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
7.81 24
20

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 132

20. AUTOPSY? YES NO

21a. INCIDENT (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. crossing

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 27, 1951 10:58P m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Hit by Locomotive

22. I hereby certify that I attended the deceased from as coroner, 10, 10, 10, that I last saw the deceased alive on 10, 10, and that death occurred at 10:58P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas Gordon Stauffer MD

23b. ADDRESS Coroner of Pettis Co

23c. DATE SIGNED 1-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-30-51

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Sedalia Mo

DATE REC'D BY LOCAL REG. 1-30-51 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mc Laughlin Bros Sedalia

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

1804
3

RECEIVED 2 5 51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 2 5 51 -----

FEB 6 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 -----

or -----

working under my personal supervision.

Student Embalmer No.

Signed *K.P.M. Lrary*

Signed
Student Embalmer

Licensed Embalmer No. 3153

P. O. Address *Sedalia 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.