

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30879

State File No.

ED SEP 24 1951

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5787</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Route # 2 Charleston</u>		c. LENGTH OF STAY (in this place) <u>20 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Route # 2 Charleston</u>		0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R. #2 Charleston</u>				d. STREET ADDRESS (If rural, give location) <u>Route #2 Charleston Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Scheffer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August, 30, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>December, 3, 1949</u>	
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>			11. BIRTHPLACE (State or foreign country) <u>Mississippi County, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Henry Scheffer</u>		13b. MOTHER'S MAIDEN NAME <u>Rita Magoalene Urhahn</u>		14. NAME OF HUSBAND OR WIFE _____	
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. INFORMANT'S SIGNATURE OR NAME <u>John Scheffer</u> ADDRESS <u>R# 2 Charleston, 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>BASAL SKULL FRACTURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES DUE TO (b) <u>Oil Storage Barrell Fell from stand outside residence, falling on child's head, It's skull was crushed on impact.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		1167		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At residence</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston, Mississippi County, Mo. R#2</u>		E9100 22	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 30, 1951 12:01 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Oil Barrell Fell on Child's Head</u>			
22. I hereby certify that I attended the deceased from <u>AS CORONER ONLY</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:01P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>CORONER 3</u>				23b. ADDRESS <u>Charleston, Missouri</u>		23c. DATE SIGNED <u>8/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial ()</u>		24b. DATE <u>9/1/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 17, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 439		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>The Munnell Funeral Chapel, Charleston, Mo.</u>			

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

SEP 21 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed SEP 21 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 Edw. E. [Signature]

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.