

STANDARD CERTIFICATE OF DEATH

11688

State File No. _____

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

BIRTH NO. <u>19392</u>		REG. DIST. NO. <u>333</u>	PRIMARY REG. DIST. NO. <u>3074</u>	Registrar's No. <u>59</u>
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>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Catron</u>		
c. LENGTH OF STAY (in this place) <u>21hr. 57mi.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Delta Community Hospital</u>				
3. NAME OF DECEASED a. (First) <u>Jerry</u> (Type or Print) b. (Middle) <u>Ray</u> c. (Last) <u>Schaffer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 11, 1952</u>	9. AGE (In years last birthday) <u>21</u> IF UNDER 1 YEAR Months <u>1</u> IF UNDER 12 HRS. Days <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>				
13a. FATHER'S NAME <u>J. W. Schaffer</u>		13b. MOTHER'S MAIDEN NAME <u>Lorine Wren</u>		14. NAME OF HUSBAND OR WIFE <u>Baby</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give number/dates of service)		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Schaffer</u> - <u>Catron, Missouri</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>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
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) <u>774X</u>
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 <u>3-11</u> , 19 <u>52</u> , to <u>3-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-11</u> , 19 <u>52</u> , and that death occurred at <u>12:12</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. D. Nelson M.D.</u>		23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>3-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>
				24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-20-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>

RECEIVED MAR 24 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-86

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Jilbourn, 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.