

STANDARD CERTIFICATE OF DEATH

State File No. **11689**
Registrar's No. **58**

BIRTH NO. **19391** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Catron	
c. LENGTH OF STAY (in this place) 18hr. 55m		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Delta Community Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Karen	b. (Middle) Faye		c. (Last) Schaffer	March	11, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 11, 1952	9. AGE (In years last birthday) ---	IF UNDER 1 YEAR Days ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Sikeston, Missouri	
				12. CITIZEN OF WHAT COUNTRY? United States	

13a. FATHER'S NAME J. W. Schaffer		13b. MOTHER'S MAIDEN NAME Lorine Wren		14. NAME OF HUSBAND OR WIFE Baby.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME J. W. Schaffer - Catron, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 **3-11, 1952** to **3-11, 1952**, that I last saw the deceased alive on **3-11, 1952**, and that death occurred at **9:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. A. Urban M.D. (Degree or title)		23b. ADDRESS Sikeston		23c. DATE SIGNED 3-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-52		24c. NAME OF CEMETERY OR CREMATORY Mounds Park	
				24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri	

DATE REC'D BY LOCAL REG. 3-20-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.	
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RECEIVED MAR 24 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-85

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 *Howard L. Ponder*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3367*.....

P. O. Address *Lilbourn, 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.