No. 300
10.48

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

FILED NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39352

State File No. 39352

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. 44

570 / 1

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark
c. LENGTH OF STAY (In this place): 42 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 8 mi. S.W. of Troy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark
d. STREET ADDRESS (If rural, give location): 8 mi. S.W. of Troy Mo. 0570

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): LOUIS
c. (Last): SCHAPER

4. DATE OF DEATH (Month) (Day) (Year): Nov 21 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 25 1872
9. AGE (In years last birthday): 80 — If under 1 year: Months 2, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Casper H. Schaper
13b. MOTHER'S MAIDEN NAME: Harriett Koeling
14. NAME OF HUSBAND OR WIFE: Louisa Schaper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Louisa Schaper — ADDRESS: Troy Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: none
4200
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/27, 1952, *to* 11/21, 1952, *that I last saw the deceased alive on* 11/19, 1952, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Norman K. Murchamy M.D. (Degree or title)
23b. ADDRESS: Troy, Mo
23c. DATE SIGNED: 11/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 23, 52
24c. NAME OF CEMETERY OR CREMATORY: Zoar Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln County Mo

DATE REC'D BY LOCAL REG.: Nov. 22 1952
REGISTRAR'S SIGNATURE: Emma R. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE: Wayne McCoy — ADDRESS: Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed E Wayne McGee

Licensed Embalmer No. 3586

P. O. Address Troy Mo

Signed.....
Student Embalmer

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.