No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14997

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 177

644
0

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

1. PLACE OF DEATH
a. COUNTY: Marion.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Missouri
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Ralls.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Center, Missouri. 0870
d. STREET ADDRESS (If rural, give location): Center, Missouri. 1

3. NAME OF DECEASED (Type or Print)
a. (First): F. b. (Middle): P. c. (Last): Neuschafer.

4. DATE OF DEATH (Month) (Day) (Year): March, 21, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March, 30, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Shelbyville, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Neuschafer
13b. MOTHER'S MAIDEN NAME: Katherine Renheimer
14. NAME OF HUSBAND OR WIFE: Mrs F.P. Neuschafer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Roe D. Neuschafer Center, 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) Congestive Heart Failure

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
610X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Hypertrophy of Prostate with bleeding
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* 3-17, 1953, *to* 3-21, 1953 *that I last saw the deceased alive on* 3-21, 1953, *and that death occurred at* 10:11 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Hardesty 0 (Degree or title): M.D.
23b. ADDRESS: Hannibal, Missouri.
23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-23-1953
24c. NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Center, Missouri.

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 189-1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clyde C. Wiener Perry, Missour

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 7 1953
MARION CO. HEALTH DEPT.
DATE FILED MAY 7 1953

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 Clyde C. Wiley
Licensed Embalmer No. 3820
P. O. Address Perry, Ind.

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.