No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21084

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4139 Registrar's No. 57

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

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Turney
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Turney
d. STREET ADDRESS (If rural, give location): 0 0 50

3. NAME OF DECEASED (Type or Print): (First) George H. (Middle) (Last) Schafstall
4. DATE OF DEATH (Month) (Day) (Year): 6-26-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Mar. 13. 1862
9. AGE (In years last birthday): 9 yrs
IF UNDER 1 YEAR: Months | Days
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 (City and State or Foreign Country): Jackson Co. Ind.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John H. Schafstall
13b. MOTHER'S MAIDEN NAME: Eliza Nieman
14. NAME OF HUSBAND OR WIFE: Mary Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. A. J. Nave Turney, 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): Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: 334 X
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* 6-23, 1953, *to* 6-26, 1953 *that I last saw the deceased alive on* 6-26, 1953, *and that death occurred at* 7:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ott Z Reiman 2 D.O.
23b. ADDRESS: Lathrop Mo
23c. DATE SIGNED: June 27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-28-53
24c. NAME OF CEMETERY OR CREMATORY: Harlan Cemetery
24d. LOCATION (City, town, or county) (State): Near Turney, Mo

DATE REC'D BY LOCAL REG.: 7-2-53
REGISTRAR'S SIGNATURE: Winifred W. Moser 390
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: A. Moss Crunk Cameron 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.

Student _____
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 25-33

P. O. Address Cameron, 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.