

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21248**

FILED JUL 11 1953
BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4190** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give town or township) BLAND		c. CITY (If outside corporate limits, write RURAL and give township) BLAND	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAMILY HOME			

3. NAME OF DECEASED (Type or Print) a. (First) LOUISA b. (Middle) SOPHIA c. (Last) SCHAEFERKOETTER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 28 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 18 - 1889	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRITZ BRINKMAN	13b. MOTHER'S MAIDEN NAME LOUISA SCHAUF	14. NAME OF HUSBAND OR WIFE CHRIST SCHAEFERKOETTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CHRIST SCHAEFERKOETTER	ADDRESS BLAND, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma - Rectum		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-23-53	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum	154X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **Jan. 1953**, to **6-28 1953**, that I last saw the deceased alive on **6-28 1953**, and that death occurred at **7:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Renee Brown, M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 6-30-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/1/53	24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	24d. LOCATION (City, town, or county) (State) BLAND, MISSOURI
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DATE REC'D BY LOCAL REG. July 7, 1953	REGISTRAR'S SIGNATURE Mrs. Maurine Appmeyer	493-0	25. FUNERAL DIRECTOR'S SIGNATURE Samuel S. Funeral Service, Bland	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Chuter Sasmann

Licensed Embalmer No. 4178

P. O. Address

Blank

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.