

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35414**

FILED NOV 13 1953

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

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 125	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE Mo b. COUNTY Cooper			
b. CITY OR TOWN Bronville		c. LENGTH OF STAY (In this place) 45 days		c. CITY OR TOWN Blackwater		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				STREET ADDRESS (If rural, give location) 0270			
3. NAME OF DECEASED (Type or Print) GEORGE MICHAEL SCHABER				4. DATE OF DEATH (Month) (Day) (Year) Nov 4 - 53			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Aug 29 - 1871	
9. AGE (In years last birthday) 82		IF DECEASED 1 YEAR Months - Days -		IF DECEASED 2 HRS. Hours - Min. -		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Andrew Schaber			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE (wife deceased)	
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 Otto Fahn - Blackwater - Mo			
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) Carcinoma Secondary Colon				(7)	
		ANTECEDENT CAUSES					
		Morbidity 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. Senility - Atherosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X				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) (Min.)		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 June 1913 to 1913 , that I last saw the deceased alive on Nov 2, 1953 , and that death occurred at 11:09 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. R. Ducaquey MD (Degree or title)				23b. ADDRESS Bronville Mo		23c. DATE SIGNED 11/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 6 - 53		24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery		24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo - RFD.	
DATE REC'D BY LOCAL REG. 11/6/53		REGISTRAR'S SIGNATURE D. Hooper 3812		25. FUNERAL DIRECTOR'S SIGNATURE Days & Printer Pilot Grove Mo ADDRESS			

(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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 2071

P. O. Address Pilot Grove

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.