

FILED JAN 5 1954

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

433334

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Lone Jack-Rural</b> )		c. LENGTH OF STAY (In this place) <b>1 year</b>	c. CITY OR TOWN <b>Lone Jack-Rural</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R.# 1. VanBuren Twp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		b. (Middle)	c. (Last) <b>Schaefer</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 9, 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>81</b>
11a. FATHER'S NAME <b>Peter Kresser</b>		11b. MOTHER'S MAIDEN NAME <b>Anna Schlager</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bavaria, Germany</b>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR <del>WIFE</del> <b>Henry Schaefer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. B. Richmond, Lone Jack, Missouri</b>		ADDRESS <b>Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>General ized Arteriosclerosis</b>	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
11. 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		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)	<b>4200</b>
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 <u>January</u> , 19 <u>53</u> , to <u>12-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-12</u> , 19 <u>53</u> , and that death occurred at <u>11:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS <b>Oak Grove, Missouri</b>	23c. DATE SIGNED <b>12-14-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-16-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>12-16-53</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>483</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. W. Newcomer's Sons, Kansas City, Mo.</b>	

7000

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

OCT 1 9 1950

---

---

**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 *John B. Lewis*.....  
Licensed Embalmer No. *4875*  
P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.