

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED - JAN 25 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>Glasgow</u>	
c. LENGTH OF STAY (If this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0450 / 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Henry</u> c. (Last) <u>Schaefer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 26, 1902</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 14 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		13. FATHER'S NAME <u>Charles Schaefer</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Korte</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Stephens Schaefer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year and branch) <u>NO</u> (If yes, give war or basis of service)	
16. SOCIAL SECURITY NO. <u>573-09-0003</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Schaefer</u>		ADDRESS <u>Glasgow Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>± 15 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Arteriosclerotic Cardiovascular Disease</u> <u>± 2 years</u>			
		DUE TO (c) <u>Hemorrhagic cerebral intracerebral Disc</u>		?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 1-11-54, 1954, to 1-12-54, 1954, that I last saw the deceased alive on 1-12-54, 1954, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>		23b. ADDRESS <u>Boonville Mo.</u>		23c. DATE SIGNED <u>1-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	
		24d. LOCATION (City, town, or county) <u>Glasgow Mo.</u>		(State)	

DATE REC'D BY LOCAL REG. <u>1/16/54</u>		REGISTRAR'S SIGNATURE <u>Dr. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hudley Freeman</u>	
				ADDRESS <u>Glasgow Mo.</u>	

WRITE PLAINLY—USING UNFAADING 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

E. W. Trueman

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.