

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34509**

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4286** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) LaGrange		c. CITY (If outside corporate limits, write RURAL and give township) Rural Union	
c. LENGTH OF STAY (In this place) 6 mos.		d. STREET ADDRESS (If rural, give location) 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street address			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Fredrick c. (Last) Schaffer			4. DATE OF DEATH Oct. 28, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 27, 1884		9. AGE (In years last birthday) 70		10. MONTHS 0 DAYS 0 IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) LaGrange, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Schaffer		13b. MOTHER'S MAIDEN NAME Augusta Pfeiffer		14. NAME OF HUSBAND OR WIFE Nellie Schaffer	
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 Harold Schaffer ADDRESS LaGrange, 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) HYPOSTATIC PNEUMONIA		DUE TO (b) HEMIPLEGIA			2 DAYS
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 352X			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)		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 **DEC 1953**, to **10/28**, 1954, that I last saw the deceased alive on **10/28**, 1954, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.F. Talley M.D.		23b. ADDRESS LaGrange, Mo.		23c. DATE SIGNED 10/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31, 1954		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
		24d. LOCATION (City, town, or county) LaGrange, Missouri		(State)	

DATE REC'D BY LOCAL REG. 11-5-'54		REGISTRAR'S SIGNATURE P.W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kenneth Talley ADDRESS LaGrange, Mo.	
		E.L.		1	

(Licensed Embalmer's Statement on Reverse Side)

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

J. Kenneth Dickey

Licensed Embalmer No. *4244*

P. O. Address *La Grange, Ill.*

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.