

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4299

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach</u> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles M. Still Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Osage Beach</u>	

3. NAME OF DECEASED (Type or Print) <u>Henry Alfred Schipper</u>			4. DATE OF DEATH <u>March 11, 1955</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
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>Jan. 11, 1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>2</u>
IF UNDER 1 YEAR Hours	IF UNDER 1 MIN. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Steen, Minn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Alfred Schipper</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Flesner</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Schipper</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>503-01-8186</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel Schipper</u> ADDRESS <u>Osage Beach, Mo.</u>

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) <u>Decompensated Cor pulmonale (congestive failure)</u>		DUPLICATE OF (b) <u>Chronic Pulmonary congestion</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.		DUPLICATE OF (c) <u>Mitral stenosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Old and new coronary thrombosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)	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 1-19, 1955, to 3-11, 1955, that I last saw the deceased alive on 3-10, 1955, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dale Atchery DO.</u>	23b. ADDRESS <u>Camdenton, Missouri</u>	23c. DATE SIGNED <u>3/11-55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>March 16-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stony Falls S. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Stony Falls S.D. Mo.</u>
DATE REC'D BY LOCAL REG. <u>March 12-55</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u>	ADDRESS <u>Jefferson City Mo.</u>

APR 6
1955

MAR 27 1959

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.