

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26874

| | | | | | | | |
|--|--|--|--|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>179</u> | | PRIMARY REG. DIST. NO. <u>4288</u> | | Registrar's No. <u>82</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Moscow Mills Mo.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>ALVINA</u> c. (Last) <u>SCHAPER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 16 1955</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 21 1899</u> | | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>10</u> | IF UNDER 24 HRS. Days <u>25</u> Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Troy Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> | |
| 13a. FATHER'S NAME <u>H. A. Eversmeyer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Pauline SCHULZ</u> | | 14. NAME OF HUSBAND OR WIFE <u>Fred W. Schaper</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred W. Schaper Moscow Mills MO.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Ovaries</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Ovaries 1954</u> | | | | | 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 <u>July 1954</u> , to <u>Aug 16, 1955</u> , that I last saw the deceased alive on <u>Aug 16, 1955</u> , and that death occurred at <u>9:00 m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. E. Schaper</u> | | | | 23b. ADDRESS <u>Troy Mo</u> | | 23c. DATE SIGNED <u>8-27-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 18 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-27-55</u> | | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Coy</u> | | ADDRESS <u>Troy Mo.</u> | |

(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.....
Signature of Student Embalmer

Signed *Wayne McLaughlin*.....
Licensed Embalmer No. 350

P. O. Address *Troy 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.