

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30136**

FILED OCT 7 - 1955

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **30136**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Chillicothe Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Walter	b. (Middle) Ward	c. (Last) Schafer	Sept. 27, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 7, 1923	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (State or foreign country) Tennessee	
13a. FATHER'S NAME HERMAN A. SCHAFFER			13b. MOTHER'S MAIDEN NAME HATIE Z. JONES		14. NAME OF HUSBAND OR WIFE Edna Schafer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II 538-26-9999		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Schafer, Green City, 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) Internal Hemorrhage (Thoracic and abdominal)		ANTECEDENT CAUSES Auto accident		approx 56 hours	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Profound shock multiple rib fractures		approx 56 hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		DUE TO (c) _____	
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) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ON Highway 26		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chillicothe Twp. Livingston, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) Sept 24 1955 7:45 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident work was towing new cars	

22. I hereby certify that I attended the deceased from **Sept 24, 1955**, to **Sept 27, 1955**, that I last saw the deceased alive on **Sept 27, 1955**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William L. Fair M.D.		23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 9/20/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/29/1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Mo.	
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DATE REC'D BY LOCAL REG. 9/30/55		REGISTRAR'S SIGNATURE Frances B Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blenn E. Fenton, Green City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

NOV 17 1955

OCT 18 1955

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.