

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1133

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY OR TOWN <u>AMAZONIA</u>	
c. LENGTH OF STAY (in this place) <u>3H-25M</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Outpatient Hosp.</u>		7. STREET ADDRESS (If rural, give location) <u>Rural R.F.D. 2</u>	

3. NAME OF DECEASED a. (First) <u>Cheryl</u> b. (Middle) <u>MAY</u> c. (Last) <u>SCHOPFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 1955</u>		
5. SEX <u>Female</u>		6. COLOR OF RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>March 26-1951</u>		9. AGE (In years last birthday) <u>4</u>		10. UNDER 1 YEAR Months Days 11. UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Curtis Schopper</u>		13b. MOTHER'S MAIDEN NAME <u>Dorris Wampler</u>		14. NAME OF HUSBAND OR WIFE <u>-</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Schopper Amazonia R.F.D. 2</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>Ruptured Gangrenous appendix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>	

18. CAUSE OF DEATH (continued) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5501</u>			
19a. DATE OF OPERATION <u>10-24-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured Gangrenous Appendix</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)		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 Oct 24, 1955, to Oct 24, 1955, that I last saw the deceased alive on Oct 24, 1955, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Steidley</u>		(Degree or title)		23b. ADDRESS <u>207801 1/2 Francis St. City</u>		23c. DATE SIGNED <u>10-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Removal Oct 24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Bethel M. Allison</u>		485		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greit Funeral Home</u>	
						ADDRESS <u>SAVANNAH Mo</u>	

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..... *E. C. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Sacramento*

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.