No. 300
10.48

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

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41499

State File No.

BIRTH NO. REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: OSAGE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNOTSMILL R.F.D.
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his home, BonnotsMill R.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN: BONNOTSMILL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): R.F.D.

0760

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ********
c. (Last): SCHAEFER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 22 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: August 1-1866
9. AGE (In years last birthday): 89 — If under 1 year: Months 4 Days 21 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rtd Farmer and Stockraiser
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Loose Creek Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Schaefer
13b. MOTHER'S MAIDEN NAME: Anna Seamon
14. NAME OF HUSBAND OR WIFE: Mary Wuelling (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William Schaefer - Bonnots Mill Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertention
DUE TO (c) age

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 444X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* Dec 22, 1955, *that I last saw the deceased alive on* 12-18, 1955, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. A. T. Meyer MD
23b. ADDRESS: Jefferson City Mo
23c. DATE SIGNED: 12-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 24, 1955
24c. NAME OF CEMETERY OR CREMATORY: Parish Cemetry
24d. LOCATION (City, town, or county) (State): Bonnots Mill Mo

DATE REC'D BY LOCAL REG.: Dec 27 55
REGISTRAR'S SIGNATURE: Ta [illegible] -235
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton
ADDRESS: Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon M. Moult

Licensed Embalmer No. 41

P. O. Address Lenn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.