

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1510

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3034 Registrar's No. 1510

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If not a corporate limit, write RURAL and give township) <u>Fayette</u>		c. CITY OR TOWN <u>Glasgow</u>	
c. LENGTH OF STAY (in this place) <u>None</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>Near Lee Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4 mi east of Glasgow</u>	

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Fred</u> c. (Last) <u>Schaefer</u>			4. DATE OF DEATH Jan 3, 1956 (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 Sept 25, 1892 (Month) (Day) (Year)		9. AGE (in years last birthday) 63 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Min. _____	
--------------------	--	-------------------------------	--	--	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chautau Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>Charles Schaefer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Korte</u>		13c. NAME OF HUSBAND OR WIFE <u>Elizabeth Bange Schaefer</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles Schaefer</u>		ADDRESS <u>Glasgow, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis 1 yr.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
---	--	--	--	--	--

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)		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 1-7, 1956, to 1-7, 1956, that I last saw the deceased alive on 1-7, 1956 and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bloom</u>		(Degree or title) <u>M.D. Fayette, Mo.</u>		23b. ADDRESS <u>Glasgow, Mo.</u>		23c. DATE SIGNED <u>1-7-56</u>	
-----------------------------------	--	---	--	-------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 5, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>	
--	--	----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>1-7-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		GENERAL DIRECTOR'S SIGNATURE <u>Cludley. Fairmont</u>		ADDRESS <u>Glasgow, 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 *W. L. Trueman*.....

Licensed Embalmer No. *397*.....

P. O. Address *Glasgow*.....

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.