

FILED SEP 4 1957

STANDARD CERTIFICATE OF DEATH

278226

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5297 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Iowa b. COUNTY Floyd	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Jackson Township		c. CITY OR TOWN Charles City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #69		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First ALBERT Middle FREDERICK Last SCHAFFER			4. DATE OF DEATH Month August Day 21 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 2 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Nashau, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Ben Schafer			14. MOTHER'S MAIDEN NAME Marie Leder.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 42-32-6649	17. INFORMANT Alma Schafer Address Charles City, Ia.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial hemorrhage		INTERVAL BETWEEN ONSET AND DEATH instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) cerebral contusion	instantaneous
	DUE TO (c) basilar fracture	instantaneous
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) auto accident highway 69 17 Mi. So. of Cameron
20c. TIME OF INJURY Hour 12:20 a. m. 8-21-57 p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Sol of Cameron	20f. CITY, TOWN, OR LOCATION Clinton	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Coroner Clinton Co. Lathrop, Missouri	22c. DATE SIGNED 8-21-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-21-57	23c. NAME OF CEMETERY OR CREMATORY Charles City, Iowa	23d. LOCATION (City, town, or county) (State) Charles City, Iowa
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24. FUNERAL DIRECTOR De Moss Sprung	ADDRESS Cameron, Mo	25. DATE RECD. BY LOCAL REG. Aug 22-57	26. REGISTRAR'S SIGNATURE Elizabeth Seare
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SEP 27 1957

SEP 19 1957

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 *James W. Pearson*

Licensed Embalmer No. *48*

P. O. Address *Lathrop,*

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