

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32571
Registrar's No. 16

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Bedford township) c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Warrenton d. Is Residence within limits of a city or incorporated town? Yes No
1090
3. STREET ADDRESS (If rural, give location) 203 West Main

3. NAME OF DECEASED a. (First) Arthur b. (Middle) K. c. (Last) Schaper
(Type or Print)
4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 22, 1890 9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker
10b. KIND OF BUSINESS OR INDUSTRY Banking
11. BIRTHPLACE (City and State or Foreign Country) Wright City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gustave W. Schaper
13b. MOTHER'S MAIDEN NAME Mary Seibert Schaper
14. NAME OF SPOUSE OR WIFE Mildred C. Mische

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Mrs. A. K. Schaper, Warrenton, Mo. ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
ANTECEDENT CAUSES Arteriosclerosis
Morbidity 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.
INTERVAL BETWEEN ONSET AND DEATH unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO 1201

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1957, to 10-1, 1957, that I last saw the deceased alive on 10-1, 1957, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Leonard Purifit D.O.
23b. ADDRESS Troy, Mo.
23c. DATE SIGNED 10-1-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-4-57
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Wright City, Mo.

DATE RECD BY LOCAL REG. OCT-7 1957 REGISTRAR'S SIGNATURE Nell-B. Schoenker
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.

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

OCT 15 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 *John J. Nieburg*.....
Licensed Embalmer No. *389*.....
P. O. Address *Warrenton*.....

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.