

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009156

STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 53

Primary Registration District No.

Registrar's No. 260

300
-57

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1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY OR TOWN Hubble	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jackson R.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson R.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Jackson R.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Louis Middle Last Schaper			4. DATE OF DEATH Month March Day 30 Year 1958			
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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 July 7, 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Jackson R. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Schaper		13b. MOTHER'S MAIDEN NAME Caroline Rose		14. NAME OF HUSBAND OR WIFE Anna Brennecke	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Anna Schaper	Address Jackson R.
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18. CAUSE OF DEATH (Enter only one cause of death for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) (1) Atherosclerotic heart disease DUE TO (c) (2) Congestive failure (Complication)		INTERVAL BETWEEN ONSET AND DEATH 4200
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"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at February 18, 1958 9:15 P.M. and last saw her him alive on March 30, 1958 March 24, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alfred M. Ester M.D.	22b. ADDRESS Cape Gir Mo 714 Broadway	22c. DATE SIGNED 4-3-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Russell Heights	23d. LOCATION (City, town, or county) (State) Jackson Mo.
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24. FUNERAL DIRECTOR H.C. Crawford	ADDRESS Jackson Mo.	25. DATE RECD. BY LOCAL REG. April 4, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lynne Steele*
Licensed Embalmer No. *2476*
P. O. Address *Denham Springs, La.*

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.