Health, & Welfare Public Service

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FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010884
STATE FILE NUMBER

Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Osage	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage 0760
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Benton Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bonnots Mill, Mo. RFD — Length of stay in 1b life	d. STREET ADDRESS (If outside, give location) Bonnots Mill, Mo. RFD — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Henry Last Schafer

4. DATE OF DEATH Month March Day 18, Year 1958

5. SEX Male 0

6. COLOR OR RACE white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH Dec. 9, 1874

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months 3 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Self employed

11. BIRTHPLACE (City and state or country) Osage County, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben Schafer

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mary Pack

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. none

17. INFORMANT Address Mrs. Mary Schafer, Bonnots Mill, Mo.RFD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) GENERALIZED CARCIAMATOSIS

DUE TO (c) CARCINOMA OF STOMACH — MONTHS —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 5:50 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lawrence Giffen DO. 2

22b. ADDRESS Jefferson City

22c. DATE SIGNED 3/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/21/58

23c. NAME OF CEMETERY OR CREMATORY St. Mary's

23d. LOCATION (City, town, or county) (State) Frankenstein, Mo.

24. FUNERAL DIRECTOR ADDRESS Clyde Morton, Linn, Mo.

25. DATE RECD. BY LOCAL REG. MARCH 21, 1958

26. REGISTRAR'S SIGNATURE Josephine Schieder

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lenin, Mo

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.