Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031657
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 10 Primary Registration District No. 4020 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY: Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Martinsburg — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Martinsburg 0040 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Martinsburg, Mo. — Length of stay in lb: life	d. STREET ADDRESS (If outside, give location): --- — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: GARY	Middle: JOHN	Last: SCHAFER	4. DATE OF DEATH: Month Day Year September 6, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Feb. 22, 1952	9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---	10b. KIND OF BUSINESS OR INDUSTRY: ---	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: John Schafer	13b. MOTHER'S MAIDEN NAME: Ruth Wieschhaus	14. NAME OF HUSBAND OR WIFE: --		
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.: none	17. INFORMANT: Mrs. Ruth Schafer, Address: Martinsburg, Mo.		

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) Skull fractures and brain injury — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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

DUE TO (b) (Investigation by Wm. H. Jolly, Coroner of

DUE TO (c) Audrain County Missouri

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 [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

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

20c. TIME OF INJURY: Hour 2:55 a.m. p.m. Month, Day, Year 9/6/58

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20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

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

20f. CITY, TOWN, OR LOCATION: Martinsburg, COUNTY: Audrain, STATE: Missouri

21. I attended the deceased from never, to _____ and last saw her/him alive on _____

Death occurred at 2:55 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William H. Jacquard Coroner 3	22b. ADDRESS: 112 N. Clark Mexico Mo	22c. DATE SIGNED: 9/6/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Sept. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY: St. Joseph	23d. LOCATION (City, town, or county) (State): Martinsburg, Missouri
24. FUNERAL DIRECTOR: N B Hillis	ADDRESS: Hellsville Mo	25. DATE RECD. BY LOCAL REG.: Sept-9-1958	26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville

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.