

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024954

FILED VS AUG 4 1959

Registration District No. 177 Primary Registration District No. 4234 Registrar's No. 666

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 3 da.	c. CITY OR TOWN Ironton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 202 West Russell
3. NAME OF DECEASED (Type or print) First MAE Middle OLIVIA Last SCHAEFER		4. DATE OF DEATH Month July Day 19 Year 1959	
5. SEX fem	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) collector City of Ironton		10b. KIND OF BUSINESS OR INDUSTRY Ironton	9. AGE (last birthday) 69
13a. FATHER'S NAME unknown Renner		13b. MOTHER'S MAIDEN NAME unknown Siefert	11. BIRTHPLACE (City and state or country) Belleville Ill.
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. 490-24-8661	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT Paul Schaefer, Muldrow, Okla Rt. 3		14. NAME OF HUSBAND OR WIFE ##	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 16 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 _____
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>George N. Jay - M.D.</i>		22b. ADDRESS <i>Ironton Mo.</i>	22c. DATE SIGNED <i>7-21-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-21-59	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo.	23d. LOCATION (City, town, or county) Ironton Mo.
24. FUNERAL DIRECTOR <i>White</i> White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 7-22-59	26. REGISTRAR'S SIGNATURE <i>Maie Aris Jones</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ancel White

Licensed Embalmer No. 3012

P. O. Address Ironton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.