

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-029873**

**FILED VS SEP 4 1959**

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 21

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>New Madrid</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Lilbourn</u>		Length of stay in lb	c. CITY OR TOWN <u>Liblourn</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>George</u> Middle <u>Dave</u> Last <u>Schaffer</u>			<b>4. DATE OF DEATH</b> Month <u>Aug.</u> Day <u>5</u> Year <u>1959</u>			
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>8/10/96</u>	<b>9. AGE (last birthday)</b> <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Public Works Labor.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>-- --</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Harden Co. Ill.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>	
<b>13a. FATHER'S NAME</b> <u>John Will Schaffer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ida Bell Crider</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Thelma Schaffer</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World war I</u>		<b>16. SOCIAL SECURITY NO.</b> <u>494-05-7767</u>	<b>17. INFORMANT</b> Address <u>Thelma Schaffer Lilbourn, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>5 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cocciidiosis, pulmonary.</u>				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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input checked="" type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> 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 <u>Lilbourn</u>		COUNTY <u>New Madrid</u>	STATE <u>Mo.</u>	
21. I attended the deceased from <u>1957</u> to <u>6 Aug 59</u> and last saw her/him alive on <u>1 Aug 59</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>H. D. Painter M.D.</u>			<b>22b. ADDRESS</b> <u>Portageville Mo</u>		<b>22c. DATE SIGNED</b> <u>2 Aug 59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>8/7/59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Evergreen</u>		<b>23d. LOCATION</b> (City, town, or county) <u>New Madrid, Mo.</u>	(State)	
<b>24. FUNERAL DIRECTOR</b> <u>Richards Un't Co.</u>		ADDRESS <u>New Madrid, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Aug 21 1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Fay H. H. Deputy</u> <u>H. L. Polder Deputy</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 4 1959

SEP 8 1959

~~STATE~~

2

*[Handwritten signature]*

**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 *[Handwritten Signature]*

Licensed Embalmer No. 3803

P. O. Address New Man

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

*[Faint handwritten notes]*