

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003072

FILED VS FEB 9 1960 316

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 44

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington, Rt. 1	Length of stay in 1b 2 Hours	c. CITY OR TOWN Bismarck	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MAO Hospital (Osteopathic)		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Edward Lewis Scheifer			4. DATE OF DEATH Month Day Year February 1, 1960		
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 8-3-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min. 5 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Conductor	10b. KIND OF BUSINESS OR INDUSTRY Mo-Pas. R.R.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward Anthony Scheifer	13b. MOTHER'S MAIDEN NAME Clara Schmidt	14. NAME OF HUSBAND OR WIFE Charolette Scheifer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1	16. SOCIAL SECURITY NO. 702-16-4920	17. INFORMANT Address Charolette Scheifer Bismarck,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Circulatory Failure		Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis with Myocardial Infarction	Hours 3
	DUE TO (c) Arteriosclerosis	Years

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
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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.)	
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

21. I attended the deceased from **Feb. 27, 1959** to **Feb. 1, 1960** and last saw her **Feb. 1, 1960**
Death occurred at **6:05 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. M. Beck (Degree or title) D.O.	22b. ADDRESS Bismarck, Missouri	22c. DATE SIGNED 2-2-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-1960	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or county) (State) Bismarck, Missouri
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24. FUNERAL DIRECTOR ADDRESS Shipman & Sons Bismarck, Missouri	25. DATE RECD. BY LOCAL REG. Feb. 2, 1960	26. REGISTRAR'S SIGNATURE Eather Kullhoff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 20 1961

JUN 20 1960

FEB 29 1960

FEB 10 1960

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 *John N. Shipman*
Licensed Embalmer No. 4881
P. O. Address Bismarck,

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.