

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018796

FILED VS JUN 10 1960

Registration District No. 3016 Primary Registration District No. 176 Registrar's No. 176

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY			Length of stay in lb 4 da.		c. CITY OR TOWN Loose Creek		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys' hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) _____		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leo Middle Schaefer Last Schaefer				4. DATE OF DEATH Month May Day 12 Year 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 Jan. 7, 1902	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 4 Days 4 Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U S Corps Engineer			10b. KIND OF BUSINESS OR INDUSTRY Inspector		11. BIRTHPLACE (City and state or country) Loose Creek Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Schaefer			13b. MOTHER'S MAIDEN NAME Mary C Platt		14. NAME OF HUSBAND OR WIFE Anna Ruetter Schaefer			
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. _____		17. INFORMANT Address Mrs Leo Schaefer Loose Creek Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE HEMOLYTIC ANEMIA							INTERVAL BETWEEN ONSET AND DEATH 3 mos	
DUE TO (b) UNKNOWN ETIOLOGY							?	
DUE TO (c) _____							_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GROSS AND MICROSCOPIC ANATOMY INCONCLUSIVE - SUGGESTIVE OF LUPUS ERYTHEMATOSIS. (AUTOPSY REPORT STILL NOT AVAILABLE ON 5-27-60)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Date, time, nature of injury in PART I or PART II of item 18.) AVAILABLE ON 5-27-60				
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 May 12, 1960 last saw him alive on May 12, 1960 Death occurred at 9:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Donald Shuff M.D.				22b. ADDRESS 521 E HIGH JEFFERSON CITY, MO		22c. DATE SIGNED 5-27-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/60	23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery		23d. LOCATION (City, town, or county) (State) Loose Creek Mo			
24. FUNERAL DIRECTOR ADDRESS Clyde Morton Linn Mo				25. DATE RECD. BY LOCAL REG. 13 May 1960 - Permit 8 June 1960 - D. Engler		26. REGISTRAR'S SIGNATURE P. Norris, MD - Richter, Dep.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0251 0 T NCF SA

OCT 21 1963

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 Vernon M. Most

Licensed Embalmer No. 412

P. O. Address Lincoln

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.