

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028767-

XC 7483913

SL 22994

1003

6782

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

RECEIVED

FILED VS JUL 22 1960

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 44 DAYS		c. CITY OR TOWN WATERLOO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. 3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CORNELIUS JOHN SCHAEFER				4. DATE OF DEATH Month Day Year JULY 5, 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 9-8-25	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIVIL SERVICE WORKER			10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) BELLEVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME FRANK H. SCHAEFER			13b. MOTHER'S MAIDEN NAME BUENTGEN		14. NAME OF HUSBAND OR WIFE CLEO SCHAEFER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII, KOREAN			16. SOCIAL SECURITY NO. 351-16-5988	17. INFORMANT Address CLEO SCHAEFER, R. R. 3, WATERLOO, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BLASTIC PHASE OF MYELOCYTIC LEUKEMIA						INTERVAL BETWEEN ONSET AND DEATH YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) -	
DUE TO (c) -						2041	
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 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. (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
21a. I attended the deceased from 5-23-60 to 7-5-60 and last saw <input checked="" type="checkbox"/> him alive on 7-5-60				Death occurred at 10:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Norman M. Renner</i> NORMAN M. RENNER M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.			22c. DATE SIGNED 7/6/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-9-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		23d. LOCATION (City, town, or county) Belleville, Illinois		(State)	
24. FUNERAL DIRECTOR George M. Renner Belleville, Illinois			25. DATE RECD. BY LOCAL REG. JUL 6 1960	26. REGISTRAR'S SIGNATURE <i>Loard Smith</i> M.D. <i>m j b</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George M. Benner - Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George M. Benner

Licensed Embalmer No. 5051

P. O. Address 120 N. 2nd
Batterville, Ill.

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.