

MICHIGAN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031255

LED VS SEP 6 1960

Registration District No. 184 Primary Registration District No. 5687 Registrar's No. 106

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LINN</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>YELLOW GREEN Brookfield</u> Length of stay in 1b <u> </u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles E. of Brookfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u> c. CITY OR TOWN <u>BROOKFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>321 N. LINN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>RAYMOND JOSEPH SCHAEFER</u>			4. DATE OF DEATH Month Day Year <u>8-30-60</u>								
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/20/1893</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mine operator of own coal mine</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brookfield, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Joseph Schaefer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carroll</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Schaefer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII</u>		16. SOCIAL SECURITY NO. <u>497-40-5064</u>		17. INFORMANT Address <u>Inez Schaefer, Brookfield, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carbon Dioxide Poisoning</u> DUE TO (b) <u>fumes from hose connected to</u> DUE TO (c) <u>tail pipe of 1955 2 door sedan &</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Raining thru ventilator glass of Bt door.</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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 e.m. Month, Day, Year <u>7:30 p.m. 8-30-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>									
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 miles E. of Brookfield</u>		20f. CITY, TOWN, OR LOCATION <u>BROOKFIELD</u>		COUNTY <u>LINN</u>		STATE <u>MO</u>					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>7:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>[Signature] Coroner</u>					22b. ADDRESS <u>Meadville Mo</u>			22c. DATE SIGNED <u>8-30-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 2, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven Memorial Garden, Brookfield, Missouri</u>			23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Hill Funeral Home, Brookfield, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>9-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 15 1960

JUL 11 1961

SEP 13 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald T. Waddy

Licensed Embalmer No. 4172

P. O. Address Brown

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.