

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-010091

STATE FILE NUMBER

AMENDED

FILED APR 12 1961 275 Primary Registration District No. 3053 Registrar's No. 90

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Osage	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 10 yrs.	c. CITY OR TOWN Freedom Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles Schaefferkoetter			4. DATE OF DEATH Month Day Year April 5 1961
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1867
9. AGE (last birthday) 94		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Owensville, Mo.
13a. FATHER'S NAME Harry Schaefferkoetter		13b. MOTHER'S MAIDEN NAME Mary Hasemeyer	14. NAME OF HUSBAND OR WIFE unknown
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. none	17. INFORMANT Address Walter Schaefferkoetter Owensville, 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) Senile deterioration DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			INTERVAL BETWEEN ONSET AND DEATH yrs.
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 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 Oct 1953 to 4-5-61 and last saw ^{her} him alive on 3-27-61 Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. E. Faid		22b. ADDRESS Rolla Mo.	22c. DATE SIGNED 4-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-8-1961	23c. NAME OF CEMETERY OR CREMATORY Budde Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo. Route
24. FUNERAL DIRECTOR ADDRESS Gottenstroeter Funeral Home Owensville, Mo.		25. DATE RECD. BY LOCAL REG. Apr. 7, 1961	26. REGISTRAR'S SIGNATURE Nadene L Stoll

McFarland A H Mortician (Licensed Embalmer's Statement on Reverse Side)

STATE OF

X

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 Jerry A. Thompson, Student Embalmer No. 624, working under my personal supervision.

Student Jerry A. Thompson
Signature of Student Embalmer

Signed Wilford H H White

Licensed Embalmer No. 3838

P. O. Address OWEN SUILL

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.