

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018447

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 193 STATE FILE NUMBER

FILED MAY 21 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Cole
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Moni Teau
 c. CITY OR TOWN McGirk, Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Adolph Gerhart Schriefer 4. DATE OF DEATH Month Day Year MAY 15, 1962

5. SEX MALE 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-25-1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER 10b. KIND OF BUSINESS OR INDUSTRY SAR 11. BIRTHPLACE (City and state or country) Meta Mo 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME GERHARD SCHRIEFER 13b. MOTHER'S MAIDEN NAME SARAH WALTERS 14. NAME OF HUSBAND OR WIFE ELMER LEITHAUSER Address Russellville, Mo.

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 ELMER LEITHAUSER Address Russellville, 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 & Chronic Renal Failure INTERVAL BETWEEN ONSET AND DEATH
 DUE TO (b) Chronic pyelonephritis
 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) Dehydration, malnutrition, Pulmonary infection, stroke
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 5/13/62 to 5/15/62 and last saw him alive on 5/15/62
 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. J. Sanders MD (Degree or title) 22b. ADDRESS 515 E High St. Jeff. City, Mo 22c. DATE SIGNED 5/16/62
 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5/18/62 23c. NAME OF CEMETERY OR CREMATORY EN 105 23d. LOCATION (City, town, or county) (State) Russellville Mo

24. FUNERAL DIRECTOR STEFFENS FUNERAL SERV ADDRESS 16 May 1962 25. DATE RECD. BY LOCAL REG. 16 May 1962 26. REGISTRAR'S SIGNATURE R. D. Davis MD - Theichter, App.

USE BLACK INK OR TYPEWRITER RIBBON

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 *Rene E. Barton*

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, MO

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.