

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018524

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 51

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 4 1962

1. PLACE OF DEATH
 a. COUNTY **Dent County**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Salem, Missouri** Length of stay in 1b **10 yr**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Hart Hospital** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **Dent**
 c. CITY OR TOWN **Salem, Missouri** Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **Salem, Missouri** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Winfred Ray Schafer** 4. DATE OF DEATH Month Day Year **May 28, 1962**
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Jan. 6, 1914** 9. AGE (last birthday) **48**
 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) **Meter Reader** 10b. KIND OF BUSINESS OR INDUSTRY **City Salem Employee Dent County** 11. BIRTHPLACE (City and state or country) **U. S. A.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Fred Schafer** 13b. MOTHER'S MAIDEN NAME **Clara Mooney** 14. NAME OF HUSBAND OR WIFE **Delphia Mooney**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT **Delphia Mooney Schafer Salem, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **100**)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary (occlusion) thrombosis due to arteriosclerosis (41x-942.7)** INTERVAL BETWEEN ONSET AND DEATH **3 days**
 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) _____ 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 **2** Minute **28** Month **5** Day **28** Year **1962**

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 **Salem, Missouri** COUNTY **Dent** STATE **Missouri**

21. I attended the deceased from **2/28/62** to **5/28/62** and last saw him alive on **5/28/62**. Death occurred at **4:00** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **Salem, Missouri** 22c. DATE SIGNED **5/29/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 30, 1962** 23c. NAME OF CEMETERY OR CREMATORY **North Lawn Memorial** 23d. LOCATION (City, town, or county) **Salem, Missouri** (State)

24. FUNERAL DIRECTOR **SPENCER FUNERAL HOME INC.** ADDRESS **Salem, Mo.** 25. DATE RECD. BY LOCAL REG. **5/29/62** 26. REGISTRAR'S SIGNATURE **[Signature]**

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 1962

JUN 9 1962

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 Carl K. Jensen

Licensed Embalmer No. 2970

P. O. Address St. Louis, 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.