

FILED AUG 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24366

State File No.

82

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Buffalo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Louisiana, Mo. R.R. # 2</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 2, Louisiana, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>SCHAEFFER</u> c. (Last) <u>SCHAEFFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 27, 1889</u>
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>11</u>	11. DAYS <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isaac Schaeffer</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Rebecca Eckenrood</u>		13c. NAME OF HUSBAND OR WIFE <u>Ethel Blanche Schaeffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-05-3813</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel B. Schaeffer</u>		ADDRESS <u>Louisiana, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Tubercular Condition</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 1/2 X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Louisiana, Pike, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>July 27</u> , 19 <u>49</u> that I last saw the deceased alive on <u>July 23</u> , 19 <u>49</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. P. Hansen</u> <u>MD</u>		23b. ADDRESS <u>Frankford, Mo.</u>	
23c. DATE SIGNED <u>July 25, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/25/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pike County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 25, 1949</u>		REGISTRAR'S SIGNATURE <u>Burnice Collier</u> <u>374</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Haley Mortuary, Louisiana, Mo.</u>		ADDRESS _____	

AUG 8 1949
RECEIVED
District Health Officer No. 10
District File Number 8-49-13
Date Filed AUG 8 1949

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
Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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 this body is not embalmed, fact should be so stated above.