

FILED AUG 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26537
State File No.

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR <u>Sullivan, Mo. Boone</u>) c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan, Mo. Rural, Boone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>PHILLIP</u> c. (Last) <u>SCHAFFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1950</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>1870 July 13, 1870</u>
9. AGE (In years) (Month) (Day) (Year) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>State of Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Henry Schaffer</u>	
13b. MOTHER'S MAIDEN NAME <u>Katie Allmendinger</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Schaffer nee Voss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Schaffer, Sullivan, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gastric carcinoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced arteriosclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>8-17</u> , 19 <u>48</u> , to <u>7-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>50</u> , and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ronald Scott</u> (Degree or title) _____		23b. ADDRESS <u>Bourbon, Mo</u>	
23c. DATE SIGNED <u>7-11-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 12, '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Argo</u>	
24d. LOCATION (City, town, or county) (State) <u>Rural, Sullivan, Missouri</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Gerald, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-12-50</u>		REGISTRAR'S SIGNATURE <u>J. H. Matthews</u> 95	

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

360

RECEIVED

AUG 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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.

Signed Ernest P. Ottmann

Signed _____
Student Embalmer

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.