S. No. 300
v. 10.48

FILED SEP 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32130

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 3033 Registrar's No. 132

53 ✓
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Block W. of Springfield Rd & R.R. X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: NORTH DAKOTA
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW LEIPZIG 8330
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle):
c. (Last): Schafer

4. DATE OF DEATH (Month) 8 (Day) 24 (Year) 1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 6 Jun. 1929
9. AGE (In years last birthday): 23 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S Army
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): NEW LEIPZIG, NORTH DK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Carl Schafer
13b. MOTHER'S MAIDEN NAME: PHILIPINA BECKER
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WORLD WAR II - US
16. SOCIAL SECURITY NO.: Service no 55 142 190
17. INFORMANT'S SIGNATURE OR NAME: John A. Spriggs 1st St. MP 74 Wood MO

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): Fractured Skull

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. Was hit by Train E802X 35

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 053
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Frisco R.R. Right of Way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lebanon Mo.

21d. TIME OF INJURY (Month) 8 (Day) 24 (Year) 1952 (Hour) 155 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Was hit by train

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 155 A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard L Palmer 3 Coroner
23b. ADDRESS: Lebanon, MO.
23c. DATE SIGNED: 8-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Burial Aug-29-1952
24c. NAME OF CEMETERY OR CREMATORY: Goar Cemetery
24d. LOCATION (City, town, or county) (State): Leipzig North Dakota

DATE REC'D BY LOCAL REG.: 9-15-1952
REGISTRAR'S SIGNATURE: Della L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Almore E. Hertz Leipzig N Dakota

(Licensed Embalmer's Statement on Reverse Side)

Received SEP 2 2 1952

Laclede County Health Unit

File No. 9-52-123

Date Filed SEP 2 2 1952

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Almare E. Hertz

Signed .....
Student Embalmer

Licensed Embalmer No. .....

P. O. Address New Leipzig, N.H.

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.