

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32279  
Registrar's No. 294 1/2

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH  
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Marion

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra 8640

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital

d. STREET ADDRESS (If rural, give location) 424 W. Jefferson St. 1

3. NAME OF DECEASED (Type or Print)  
a. (First) Leona b. (Middle) Johanna Eliza c. (Last) Schaeffer

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 14 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 88 15 February 18 64

9. AGE (In years last birthday) 64  
F UNDER 1 YEAR Months Days F UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri U

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Degeman

13b. MOTHER'S MAIDEN NAME Emma Scheipering

14. NAME OF HUSBAND OR WIFE Raymond W. Schaeffer

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'S SIGNATURE OR NAME Mrs. Blanche Epping, Palmyra, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Previous coronary thrombosis  
DUE TO (c) thrombosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
at home  
3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1950, to Sept 14, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Palmyra Mo.

23c. DATE SIGNED 9/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 16 Sept. 1952

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State) Quincy, Illinois

DATE REC'D BY LOCAL REG. 7-18-52

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Palmyra, Mo.

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

644

FILED SEP 24 1952

RECEIVED SEP 22 1952  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 22 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.....  
Student Embalmer

Signed George M. Lewis.....

Licensed Embalmer No 4851.....

P. O. Address Salmon, 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.