

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp. 0710</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphrey Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>8 miles N.W. Stover</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>			b. (Middle) _____			c. (Last) <u>Schaper</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1953</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 5, 1879</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>7</u>		Days <u>2</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William Schaper</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Koch</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Schaper Stover, Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac standstill</u> DUE TO (c) <u>A-V Heart Block with Coronary Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u> <u>3 minutes</u> <u>1 week</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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>Sept 3, 1952</u> , to <u>Feb. 3, 1953</u> , that I last saw the deceased alive on <u>Feb. 3, 1953</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas P. Woodard</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Stover, Missouri</u>		23c. DATE SIGNED <u>Feb. 5, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Stevenson</u>		ADDRESS <u>Stover, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FILED FEB 14 1953

RECEIVED  
FEB 22 1941  
HEALTH DEPARTMENT

**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 J. L. Steverman  
Licensed Embalmer No. 4073

P. O. Address Stover, 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.