

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**35715**

State File No. \_\_\_\_\_

**FILED OCT 20 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 61

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Holt</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lewis Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u>	
c. LENGTH OF STAY (in this place) <u>3 wks.</u>		0440 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delong Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Mound City</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Allen</u> c. (Last) <u>Schaeffer</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 14, 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Sept 30, 1877</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Holt County, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Benjamin F. Schaeffer</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary E. Hahn</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>-----</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>498-24-5513</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Mace Keiffer</u>	<b>ADDRESS</b> <u>Mound City, Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>few minutes</u> <u>few minutes</u> <u>unknown</u> <u>7 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerotic heart</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4200</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 9-22, 1953 to Oct 17, 1953, that I last saw the deceased alive on 10-14, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Isaac J. Sweeney M.D.</u>	<b>23b. ADDRESS</b> <u>Oregon, Missouri</u>	<b>23c. DATE SIGNED</b> <u>10-14-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Oct. 17, 53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>South Bethel</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Holt County, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-16-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>James H. Crawford</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>James H. Crawford</u>	<b>ADDRESS</b> <u>Mound City, Mo</u>
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(Licenses of Embalmers' Statement on Reverse Side)

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

300  
48  
20  
4

**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 James H. Crawford  
Licensed Embalmer No. 14796

P. O. Address Round City, 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.