

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36808

State File No.

FILED NOV 2nd 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived if Institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LOUISIANA</u>		c. LENGTH OF STAY (In this place) <u>5 WKS</u>	c. CITY OR TOWN <u>LOUISIANA</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2 0820</u>	

3. NAME OF DECEASED (Type or Print) <u>ETHEL</u>	a. (First)	b. (Middle) <u>BLANCHE</u>	c. (Last) <u>SCHAEFFER</u>	4. DATE OF DEATH (Month) <u>OCT</u> (Day) <u>18</u> (Year) <u>1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 12, 1888</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOTTAINE, LA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ESTLER-SLINGERLAND</u>	13b. MOTHER'S MAIDEN NAME <u>REBECCA SPARROW</u>	14. NAME OF HUSBAND OR WIFE <u>Gaul Schaeffer</u>
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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 <u>Glenn Schaeffer-Louisiana, Mo</u>	18. ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal reaction</u> DUE TO (c) <u>Chronic inflammation</u> <u>Colitis - 5723</u>		

19a. DATE OF OPERATION <u>9-16-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Obstruction to Co. Arteria (Inflammation)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1-17, 1953, to 10-18, 1953, that I last saw the deceased live on 10-17, 1953 and that death occurred at 7:00 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Louisiana, Mo.</u>	23c. DATE SIGNED <u>10-19-53</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem Pike Co. Mo.</u>	24d. LOCATION (City, town, or county) _____ (State) _____
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 20, 1953 Bernice Collier</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u> ADDRESS <u>Louisiana, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 24 1958

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.....
Signature of Student Embalmer

Signed *Geo. M. Collier*

Licensed Embalmer No. *383*

P. O. Address *Louisiana*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.