

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12877

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Perry Co				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. LENGTH OF STAY (in this place) 48 Hr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Uniontown		0 29 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Perryville Memorial Hosp				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <i>Frederick C. Schaefer</i>			a. (First) C. b. (Middle) c. (Last) Schaefer			4. DATE OF DEATH (Month) (Day) (Year) April 7 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 15 1874		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Keeping House		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm Dankenbring		13b. MOTHER'S MAIDEN NAME Wilhemina Kiehl		14. NAME OF HUSBAND OR WIFE Benjamin Schaefer			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benjamin Schaefer Uniontown			
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) Intestinal obstruction & peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inguinal Hernia (H.) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral thrombosis 5600					INTERVAL BETWEEN ONSET AND DEATH 4 days 20 years 24 hours	
19a. DATE OF OPERATION 4/6/54		19b. MAJOR FINDINGS OF OPERATION Incarcerated inguinal Hernia c obstruction & peritonitis				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) m.		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 4/6, 1954, to 4/7, 1954, that I last saw the deceased alive on 4/7, 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. A. R. Schaefer M.D.</i>				23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 4/14/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10-1954	24c. NAME OF CEMETERY OR CREMATORY Uniontown		24d. LOCATION (City, town, or county) (State) Uniontown Mo		
DATE REC'D BY LOCAL REG April 15-1954		REGISTRAR'S SIGNATURE <i>Joe J. Zellmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE Deneke - Laird Jackson		ADDRESS 370	

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

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 *R. O. Fair*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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.