

FILED AUG 9 - 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 22655

BIRTH NO.		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 5441		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Third Creek		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Third Creek Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION farm home				d. STREET ADDRESS (If rural, give location) Owensville, Mo. Rt. 2 0370			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) John c. (Last) Schaefferkoetter			4. DATE OF DEATH July 29, 1954				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 3, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Woollam, Mo.		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hy. J. Schaefferkoetter			13b. MOTHER'S MAIDEN NAME Mary Hasemeyer		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Schaefferkoetter Owensville			
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) <i>Bright's Disease</i> (Bright's Disease) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 593X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1-18, 1934, to 11-7, 1954, that I last saw the deceased alive on 11-7, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. Edwin Miller</i> (ED. MILLER) M.D.				23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 7-31-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-1-1954	24c. NAME OF CEMETERY OR CREMATORY Budde Cemetery		24d. LOCATION (City, town, or county) (State) near Woollam, Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE August 2 1954 Mrs. Marvin Appenheimer		493		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Winter		ADDRESS OWENSVILLE	

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.