No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34886

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

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN: Louisiana
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Dougherty Pike 082/0

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle):
c. (Last): SCHURFELD

4. DATE OF DEATH (Month) (Day) (Year): OCT. 23, 1954

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: July 29, 1884

9. AGE (In years last birthday): 70 — If under 1 year: Months 2, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Brick Manufacture

10b. KIND OF BUSINESS OR INDUSTRY: Brick Manufacture

11. BIRTHPLACE (City and State or Foreign Country): Pike Co., Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Phillip Schurfeld

13b. MOTHER'S MAIDEN NAME: Anna Kollmeyer

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: E. H. Schwagmeyer, Peoria, Illinois

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Not Known

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 157X

20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-6, 1954, *to* 10-23, 1954, *that I last saw the deceased alive on* 10-22, 1954, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles P. Luvellen (Degree or title) M.D. 0

23b. ADDRESS: Louisiana, Missouri

23c. DATE SIGNED: 10-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/25/54

24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

24d. LOCATION (City, town, or county) (State): Louisiana, Missouri

DATE REC'D BY LOCAL REG.: Nov 1, 1954

REGISTRAR'S SIGNATURE: Bernice Colliers 374

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Sterne Funeral Home, Louisiana, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Virginia M. Sterne.....

Licensed Embalmer No. 4.6.4.

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.