No. 300
10-46

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21717

BIRTH NO. 63785-54 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 135

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: FRANKLIN
c. CITY OR TOWN: ST. CLAIR
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0360 0

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): LEE
c. (Last): SCHAEFFERKOETTER

4. DATE OF DEATH (Month) (Day) (Year): AUG. 2 1955

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Sept. 30 1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 10 Days 2; IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ROLLA, MO. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: DONALD L. SCHAEFFERKOETTER
13b. MOTHER'S MAIDEN NAME: MARIANE BANICK
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: DONALD LEE SCHAEFFERKOETTER
ADDRESS: ST. CLAIR

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): Fractured Skull c
ANTECEDENT CAUSES: Severe Contusion d
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Concussion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 9020

INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 21
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Claire 036 Franklin MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 2 1955 10 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Child must have Fallen from [illegible]

22. *I hereby certify that I attended the deceased from* 8-2, 1955, *to* 8-2, 1955, *that I last saw the deceased alive on* 8-2-, 1955, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: Gerald
23c. DATE SIGNED: 8-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-4-55
24c. NAME OF CEMETERY OR CREMATORY: ZION CEMETERY
24d. LOCATION (City, town, or county) (State): UNION, MO.

DATE REC'D BY LOCAL REG.: 8/4/55
REGISTRAR'S SIGNATURE: F. C. Heidmann G. L. C. Heidmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: E. F. Oltmann
ADDRESS: Union Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. H. O. [illegible]

Licensed Embalmer No. 168

P. O. Address [illegible]

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