

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40145**

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

BIRTH NO. <u>86434-55</u>		REG. DIST. NO. <u>116</u>	PRIMARY REG. DIST. NO. <u>3020</u>	Registrar's No. <u>28</u>
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY OR TOWN <u>WASHINGTON</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>102 JACKSON ST.</u>		
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		a. (First)	b. (Middle)	c. (Last) <u>SCHAEFFERKOETTER</u>
4. DATE OF DEATH <u>DEC. 25, 1955</u>		5. SEX <u>MALE</u>		
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>DEC. 25, 1955</u>
9. AGE (In years last birthday) <u>2</u>		10. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, MO.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DONALD SCHAEFFERKOETTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTINE BANICK</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DONALD SCHAEFFERKOETTER</u> ADDRESS <u>JEFF CITY, MO.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured ribs, mother fractured pelvis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mother pelvis fractured</u> DUE TO (c) <u>Auto wreck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>774XF</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>Nov 9 1955</u> , to <u>Dec 5, 1955</u> , that I last saw the deceased alive on <u>Dec 19, 1955</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. P. E. [Signature]</u>		23b. ADDRESS <u>908 Elm Washington Mo</u>		23c. DATE SIGNED <u>12-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>
24d. LOCATION (City, town, or county) <u>UNION, MO.</u>		24e. (State)		
DATE REC'D BY LOCAL REG. <u>12/27/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>

(Licensed Embalmer's Statement on Reverse Side)

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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 not Embalmed....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... E. F. O. Stearns.....

Licensed Embalmer No. 168.....

P. O. Address Union.....

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.