

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 30 1956

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 50

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> | | c. CITY OR TOWN <u>Pacific</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>140 E. ORLEANS</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>SCHAFFER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14 1956</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>SEPT. 5, 1881</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Days - - - - - IF UNDER 11 HRS. Hours - - - - - Min. - - - - - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Store</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Catawissa, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Edward Schaeffer</u> | 13b. MOTHER'S MAIDEN NAME <u>Isabell McDaniel</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Schaeffer</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>HARRY SCHAFFER</u> | ADDRESS <u>Pacific Mo</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic illness</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatectomy</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>610X</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>distended bladder acute hyperplastic prostate</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from Jan 14, 1956 to Jan 14, 1956, that I last saw the deceased alive on Jan 14, 1956, and that death occurred at 11 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. O. Munnick M.D.</u> | 23b. ADDRESS <u>Washington Mo</u> | 23c. DATE SIGNED <u>Jan 14, 1956</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JAN 27, 1956</u> | 24c. NAME OF CEMETERY <u>ST BRIDGETS</u> | 24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>1/26/56</u> | REGISTRAR'S SIGNATURE <u>Agnes A. Bridges</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Schickel</u> | ADDRESS <u>Pacific Mo</u> |
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Geo. L. Heiber*

Licensed Embalmer No. *300*

P. O. Address *Pacific*

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.