

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4508**

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **115-**

1. PLACE OF DEATH a. COUNTY Deerw		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Rockville	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 Wetzel Hosp.		e. STREET ADDRESS (If rural, give location) 0019	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) NEAMANTOBIAS c. (Last) Schaefer			4. DATE OF DEATH (Month) (Day) (Year) Feb. 20-56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER	8. DATE OF BIRTH Nov. 11-87		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 3 Days 9 IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Rockville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm Schaefer		13b. MOTHER'S MAIDEN NAME Albertina Stoffan		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Deerw Schaefer Appleton Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infection		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Thrombotic phenomenon			
		DUE TO (c) Arteriosclerosis			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hypofunction			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4331		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)		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 **2/20**, 19**56** to **2/20**, 19**56** that I last saw the deceased alive on **2/20**, 19**56** and that death occurred at **1057 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. D. ...		23b. ADDRESS 105 E. Ohio Clinton		23c. DATE SIGNED 2/22/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 23-56		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
24d. LOCATION (City, town, or county) (State) Prairie City Mo		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm. E. ... Appleton City Mo.			
DATE REC'D BY LOCAL REG. 2-24-56		REGISTRAR'S SIGNATURE Mildred Bigum		521	

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

APR 12 1958

Bigman

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 *James Estep*.....

Licensed Embalmer No. *394*.....

P. O. Address *Applon*.....

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.