S. No. 300
v. 10.48

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29593
State File No.

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 30

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1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico
c. LENGTH OF STAY (In this place): 6 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Regan Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico
d. STREET ADDRESS (If rural, give location): 1020

3. NAME OF DECEASED (Type or Print)
a. (First): Harriett
b. (Middle): W
c. (Last): Schafer

4. DATE OF DEATH (Month) (Day) (Year): July 30 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 1868-1-26
9. AGE (Last birthday): 88-6-5 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - (Housework)
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Hobb
13b. MOTHER'S MAIDEN NAME: Mary Jane Chandler
14. NAME OF HUSBAND OR WIFE: Widow

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 | ADDRESS

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) 3rd degree burns and probable asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 9167 40

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): nursing home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Puxico, Stoddard, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 30, 1956 10:30 P. M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Nursing home burned.

22. *I hereby certify that I attended the deceased from* ----- *, 19____, to* ----- *, 19____, that I last saw the deceased alive on* ------- *, 19____, and that death occurred at* 10:20 P. M. *from the causes and on the date stated above.*

23a. SIGNATURE: Ray W. Barnes (Degree or title): Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 7-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31-56
24c. NAME OF CEMETERY OR CREMATORY: Malden Park Memorial
24d. LOCATION (City, town, or county) (State): Malden (Natl) Mo

DATE REC'D BY LOCAL REG.: 8/24/56
REGISTRAR'S SIGNATURE: Pearl Reed
25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS: Thomas E. Knight

(Licensed Embalmer's Statement on Reverse Side)

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

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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 NOT embalmed by me, or by .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student-Embalmer

Signed Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Malden Mo

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 this body is not embalmed, fact should be so stated above.