

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40481**

FILED DEC 24 1956

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY OR TOWN <b>Mexico</b>	c. LENGTH OF STAY (in this place) <b>9 days</b>	c. CITY OR TOWN <b>Martinsburg</b>	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 <b>Audrain County Hospital</b>		No. STREET ADDRESS (If rural, give location) <b>no street address</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELIZABETH</b>	b. (Middle) <b>THERESA</b>	c. (Last) <b>SCHAFFER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 16 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 2 1878</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR (Month) (Day) (Year) <b>10 14</b>	IF UNDER 4 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Westphalia, Osage, Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Joseph Fennewald</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Hogenbeck</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>E. V. Schaffer Quincy Ill</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		<b>12-7-56</b>
	ANTECEDENT CAUSES <b>with Hemiplegia - left side</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Hypertensive-Cardiovascular Disease</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>		<b>5 years</b> <b>5 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>X</b>	19b. MAJOR FINDINGS OF OPERATION <b>X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>443X</b>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>X</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>X</b>
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22. I hereby certify that I attended the deceased from **12-7-1956**, to **12-16-1956**, that I last saw the deceased alive on **12-16-1956**, and that death occurred at **9:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry F. O'Brien M.D.</b>	23b. ADDRESS <b>Merica Museum</b>	23c. DATE SIGNED <b>12-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/19/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Martinsburg, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec-19-1956</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>B. B. Hella</b> ADDRESS <b>Hellaville Mo</b>
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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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*A. B. Wells*

Licensed Embalmer No. *158*  
P. O. Address *Wellesville*

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.