

Health,
& Welfare
Public
Service

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35228
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 337

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>213 Babler</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Albert Manchester Paul Schaefer</u>		4. DATE OF DEATH Month Day Year <u>October 20, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 21, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman Central Mo. Monument Office</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Monument Office</u>	11. BIRTHPLACE (City and state or country) <u>Columbia, Illinois</u>
13a. FATHER'S NAME <u>William Schaefer</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Lepp</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Bays Schaefer</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>337-05-5822</u>	17. INFORMANT Address <u>Mrs. Hattie Schaefer Jefferson City, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u> DUE TO (b) <u>arteriosclerosis of heart vessels</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>generalized arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>6 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Oct 1957</u> to <u>Sept 25 '57</u> and last saw ^{the} him alive on <u>Sept 25, '57</u> Death occurred at <u>8:30 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Earl L. Long, M.D.</u> (Degree or title)		22b. ADDRESS <u>Jeff City, Mo.</u>	
22c. DATE SIGNED <u>10-20-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 23, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tower Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Murphyboro, Illinois</u>
24. FUNERAL DIRECTOR <u>Doct B. M. ...</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>October 1957</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Davis, MS-MR</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

OCT 25 1957

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 *Victor Buescher*

Licensed Embalmer No. *3701*
P. O. Address *JC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.