

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47173

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 70 Primary Registration District No. 5281 Registrar's No. 4

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLARK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clarkton</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Wayland</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Dunn's Nursing Home</u> Length of stay in lb <u>5 months</u>		d. STREET ADDRESS (If outside, give location) <u>Madison St</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Jacob</u> Middle <u>SCHAFFER</u> Last <u>SCHAFFER</u>			4. DATE OF DEATH Month <u>DEC.</u> Day <u>21</u> Year <u>1957</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 5, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>16</u> Days <u>16</u> Hours <u>16</u> Min.
11. BIRTHPLACE (City and state or country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anthony Schaffer</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KLICH</u>	
14. NAME OF HUSBAND OR WIFE		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 <u>Nursing Home Record</u> Address <u>Kahoka, 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>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cancer of prostatic-Metastatic</u> DUE TO (c) <u>To Right Hip + leg.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>177X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 MONTHS.</u>
20b. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. 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 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>August 20</u> to <u>Dec 21st 1957</u> and last saw <u>him</u> alive on <u>12-21-57</u> Death occurred at <u>1-4 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. H. Channing, D.O.</u> (Degree or title)		22b. ADDRESS <u>Kahoka Mo</u>	
22c. DATE SIGNED <u>12-22-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>Dec. 23, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>Clark Co</u> (State) <u>Mo.</u>		24. FUNERAL DIRECTOR <u>OTIS L. GUTTING - Kahoka, Mo.</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>1/29-58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</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.

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 John Bohm, Student Embalmer No. 547 working under my personal supervision.

Student John Bohm
Signature of Student Embalmer

Signed Chas. L. Kelly

Licensed Embalmer No. 2965

P. O. Address Luzon, 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.