

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006302
STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 20

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marionville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		Length of stay in lb <u>3 days</u>	d. STREET ADDRESS (If outside, give location) <u>501 S. College</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Edwin</u> Middle <u>George</u> Last <u>Schaefer</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>16</u> Year <u>1958</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 23, 1878</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>25</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assistant Supt. Prudential Ins. Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Smith Center Kansas</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	---	---	---

13a. FATHER'S NAME <u>George Christopher Schaefer</u>	13b. MOTHER'S MAIDEN NAME <u>Fredricka Newhouse</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie E. 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>493-05-4117</u>	17. INFORMANT <u>Mrs. Edwin Schaefer, Marionville</u>	Address <u>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>CORONARY - Occlusion.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocarditis with severe</u>	<u>5 years.</u>
	DUE TO (c) <u>Congestive Heart Disease.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>	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 <u>Marionville</u>	COUNTY <u>Lawrence</u>	STATE <u>Mo.</u>
---	---	--	--	---------------------------	---------------------

21. I attended the deceased from <u>1946</u> to <u>Feb. 16, 1958</u> and last saw him alive on <u>Feb. 16, 1958</u> Death occurred at <u>11:30 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A.P. Lytle - M.D.</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Aurora, Mo.</u>	22c. DATE SIGNED <u>2-17-58</u>
--	-------------------------------	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/18/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>L.O.O. F.S. Cemetery</u>	23d. LOCATION (City, town, or county) <u>Marionville, Mo.</u>	(State) <u>Mo.</u>
--	-------------------------------	---	--	-----------------------

24. FUNERAL DIRECTOR <u>J. B. Smith</u>	ADDRESS <u>Marionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/18/1958</u>	26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>
--	------------------------------------	--	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 25 1958

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 *William A. Fulkes*

Licensed Embalmer No. *4658*
P. O. Address *Marionville*

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.