

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013889
STATE FILE NUMBER

Cunningham
W. Klingner & Co.
FILED APR 28 1958

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 434

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1-57
SPRINGFIELD, MISSOURI
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 if cause is causally related. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hosp.		d. STREET ADDRESS (If outside, give location) 1007 E. Locust	
3. NAME OF DECEASED (Type or print) First PAUL Middle E. Last SCHAEFFER		4. DATE OF DEATH Month April Day 23 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 19 Sept. 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Ohio
13a. FATHER'S NAME William Schaeffer		13b. MOTHER'S MAIDEN NAME Martha Oppelt	14. NAME OF HUSBAND OR WIFE Agnes Schaeffer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Agnes Schaeffer Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 4200
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR 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 4-1-58 to 4/23/58 and last saw ^{him} alive on 4-21-58 Death occurred at 12:18 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dolan Cunningham M.D.		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 4-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-58	23c. NAME OF CEMETERY OR CREMATORY Brighton Cemetery	23d. LOCATION (City, town, or county) (State) Brighton, Missouri
24. FUNERAL DIRECTOR J. Klingner & Co.		25. DATE REC'D BY LOCAL REG. 4-25-58	26. REGISTRAR'S SIGNATURE Effie E. Melton

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 *Glen D. Williams*

Licensed Embalmer No. *4651*
P. O. Address *Springfield*

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.