

STANDARD CERTIFICATE OF DEATH

58-035300
STATE FILE NUMBER

FILED SEP 19 1958 Registration District No. 366 Primary Registration District No. 6239 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY -----	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellview Township Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis 2249 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 1/2 Mi. W. Hyw 32 Length of stay in 1b 8 Days		d. STREET (If outside, give location) ADDRESS 3202B So. Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First IRENE Middle BLUEFORD Last Scheafer			4. DATE OF DEATH Month Sept. Day 10 Year 1958		
5. SEX Female	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 June 16, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 2 Days 25 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Marion, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Blueford Jordon			14. MOTHER'S MAIDEN NAME Mary Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Star Rt Bismarck, Mo. Mrs. Essie Short		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Congestive heart failure	7 days
	DUE TO (c) Fracture of right Femur	11 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 000	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 		
20d. INJURY OCCURRED WHILE AT WORK <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 Bismarck, Missouri

21. I attended the deceased from **Sept. 4, 1958** to **Sept. 10, 1958** and last saw her alive on **Sept. 10, 1958**
Death occurred at **11:00 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Hendigath (Degree of title)	22b. ADDRESS Bismarck, Missouri	22c. DATE SIGNED 9-11-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-12-1958	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or county) (State) Bismarck, Missouri
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24. FUNERAL DIRECTOR Shipman & Sons ADDRESS Bismarck, Missouri	25. DATE RECD. BY LOCAL REG. 9/17/58	26. REGISTRAR'S SIGNATURE Herbert Rudolph
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
 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. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

4230

VS
MAR 16 1901

185020

STATEMENT BY LICENSED EMBALMER

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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 *John N. Shipman*
Licensed Embalmer No. 488

P. O. Address *Bismarck*

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.