

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031212

FILED VS AUG 18 1958 391

Registration District No. _____ Primary Registration District No. 4505 Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BELL CITY</u> Length of stay in 1b <u>2 MONS.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SHUTLEY NURSING HOME</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> c. CITY OR TOWN <u>BENTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>CORA SCHAEFER</u>			4. DATE OF DEATH Month Day Year <u>AUGUST 5 1959</u>				
5. SEX <u>FEMALE</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>2/12/1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u> Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>NEW HAMBURG, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>AUGUST HALTER</u>			13b. MOTHER'S MAIDEN NAME <u>REGINA FURNACE</u>		14. NAME OF HUSBAND OR WIFE <u>ADAM C. 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>NONE</u>		17. INFORMANT Address <u>ELMER SCHAEFER ORAN, 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>Diabetic Coma</u> DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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"/> 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>June 18, 1959</u> to <u>Aug. 5, 1959</u> and last saw her alive on <u>Aug. 5, 1959</u> Death occurred at <u>11:50 p.m.</u> m of the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. C. Masters D.O.</u>				22b. ADDRESS <u>Advance, Mo.</u>		22c. DATE SIGNED <u>Aug. 14, 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG 8, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. DENIS CEMETERY</u>		23d. LOCATION (City, town, or county) STATE <u>BENTON MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Carl Smith ORAN, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>8/15/59</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Moore</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oxon, MA

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.