

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008292

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5493 Registrar's No. 11

FILED APR 5 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | Length of stay in 1b <u>1 month</u> | c. CITY OR TOWN <u>Bonnets Mill, Mo., R7D</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Frenc Valley Rest Home</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Bonnets Mill, Mo., R7D</u> |

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| 3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle Last <u>Schaefer</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1961</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/24/1890</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
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| 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 maker</u> | 11. BIRTHPLACE (City and state or country) <u>Frankenstein</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>William Mertens</u> | 13b. MOTHER'S MAIDEN NAME <u>Christene Jaegers</u> | 14. NAME OF HUSBAND OR WIFE <u>Martin Schaefer</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT <u>Mr. Joseph M. Schaefer</u> |
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| 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>ARTERIO SCLEROTIC HEART DISEASE</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA OF BREAST</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>OSAGE COUNTY</u> | STATE <u>MO</u> |
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21. I attended the deceased from 3-1-61 to 3-23-61 and last saw her/him alive on 3-21-61
Death occurred at 5:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u> | 22b. ADDRESS <u>HERMANN, MO</u> | 22c. DATE SIGNED <u>3-23-61</u> |
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| 23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-25-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Parish Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bonnets Mill - MO</u> |
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| 24. FUNERAL DIRECTOR <u>Clyde Morton</u> | ADDRESS <u>LINN, MO</u> | 25. DATE RECD. BY LOCAL REG. <u>3-24-61</u> | 26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Vernon M. Mosto

Licensed Embalmer No. 4125

P. O. Address Linn 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.