

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7109

State File No. ....

BIRTH NO. .... REG. DIST. NO. 328-335 PRIMARY REG. DIST. NO. 218 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Chaffee Rural Sylvania</u>		c. CITY OR TOWN <u>Chaffee Rural Sylvania, Twp. 7</u>	
c. LENGTH OF STAY (in this place) <u>7 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>R2-5 1/2 mi S.E. of Chaffee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Schofer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sep. 27, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Bohlinger Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Coster Schofer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Crader</u>		14. NAME OF HUSBAND OR WIFE <u>Dora E. Schofer</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'S SIGNATURE OR NAME <u>Dora E. Schofer</u> ADDRESS <u>Chaffee R2 Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach 20 years</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>15 yr</u> DUE TO (c) <u>Severe secondary anemia and cachexia</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe secondary anemia and cachexia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Scirrhous Carcinoma - early metastasis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 5<sup>th</sup>, 1948, to July 30, 1948, that I last saw the deceased alive on July 30, 1948, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Bohlinger, M.D.</u>		23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>2/23/49</u>	
24a. BURNED, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russehl Heights</u>	
		24d. LOCATION (City, town, or county) (State) <u>Jackson, Mo</u>			

DATE REC'D BY LOCAL REG. <u>2/24/49</u>		REGISTRAR'S SIGNATURE <u>H. B. MacCready</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Busby &amp; Hoff</u> ADDRESS <u>Chaffee Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Office No. 2,

District File Number 349.337

Date Filed 3-4-49

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 .....  
Student Embalmer

Signed Minnie Buehling Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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 this body is not embalmed, fact should be so stated above.