

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29305

State File No.

FILED OCT 3-1955

Registrar's No. 284

BIRTH NO. _____		REG. DIST. NO. <u>18</u>		PRIMARY REG. DIST. NO. <u>3016</u>		State File No.		Registrar's No. <u>284</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>			c. LENGTH OF STAY (in this place) <u>70 years</u>		c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 c Jefferson Street</u>				e. STREET ADDRESS (If rural, give location) <u>408 c Jefferson Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>			b. (Middle) <u>MANIZA</u>		c. (Last) <u>SCHAUFLEER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 '55</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 15 1860</u>		9. AGE (In years last birthday) Months Days <u>95 1 14</u>	
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 Foreign Country) <u>Cole County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Austin Longan</u>			13b. MOTHER'S MAIDEN NAME <u>Mc Daniel</u> <u>Eucline Longan</u>			14. NAME OF HUSBAND OR WIFE <u>W.M. Schaufler</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>Mrs. Amanda Gurwell</u> <u>408 c Jefferson St City</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>decompensated heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>Sept 1955</u> to <u>Sept 29 1955</u> that I last saw the deceased alive on <u>Sept 28, 1955</u> , and that death occurred at <u>2:55 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Bruce</u>				(Degree or title)		23b. ADDRESS <u>234 Madison Jefferson City Mo</u>		23c. DATE SIGNED <u>9-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1st 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Missouri</u>			
DATE REC'D BY LOCAL REG <u>30 Sept 1955</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Home Funeral Home</u>					

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

VS MAR 2 - 1952

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 .....

Licensed Embalmer No. 462

P. O. Address 

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.