

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15179

State File No.

BIRTH NO. REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Carroll</u> <u>Egypt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne, Mo. RR. 2.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne, Missouri, Rout. 2.</u>	
c. LENGTH OF STAY (In this place) <u>80 Years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Rout. 2.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chris</u> b. (Middle) <u>xx</u> c. (Last) <u>Scheible.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1949</u>			
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 17th, 1857.</u>	9. AGE (In years last birthday) <u>91.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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>Farmer.</u>		11. BIRTHPLACE (State or foreign country) <u>Jacksonburg, Indiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Englebert, Scheible.</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Gertrude Seeburger.</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Patron Scheible</u>	ADDRESS <u>Norborne Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Senility</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5-11-, 1949 to 6-7-, 1949, that I last saw the deceased alive on 4-7-, 1949, and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. C. Case</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Norborne Mo</u>	23c. DATE SIGNED <u>6-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence.</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Country, Mo.</u>
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DATE REC'D BY LOCAL REG <u>June 9, 1949</u>	REGISTRAR'S SIGNATURE <u>Eileen Peniston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Ditch</u>	ADDRESS <u>Norborne Mo</u>
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H.S. (Licensed Embalmer's Statement on Reverse Side)

JUN 13 REC'D

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-13-49

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

and John Deitch Jr.

Student Embalmer No.

322

working under my personal supervision.

Student

John Deitch Jr.
Student Embalmer

Signed

John G. Deitch Sr.

Licensed Embalmer No.

3454

P. O. Address

Northme 710

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.