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FILED JUL 30 1949.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24136

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5778C Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>49</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Ildephonse</u>	b. (Middle) <u>William</u>	c. (Last) <u>Schell</u>	<u>July 19, 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>May 2, 1871</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>78</u> <u>2</u> <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Simon N. Schell</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wankum</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine M. Schell</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otto Schell St. Elizabeth, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>6 Wks.</u> <u>334x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral Circulatory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy</u> DUE TO (c) <u>Arteriosclerosis Hypertension</u>		
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) (Min.)	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 July, 1947, to July, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 12:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphrey, D.O.</u> (Degree or title)	23b. ADDRESS <u>Tuscumbia, Mo.</u>	23c. DATE SIGNED <u>7-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Elizabeth, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-21-1949</u>	REGISTRAR'S SIGNATURE <u>John S. Schweitzer</u>	194 <u>194</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedge Iberia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number
District Health Officer No. 9
RECEIVED JUL 27 1949

JAN 9 1958

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 _____

..... Walter P. Hedges Student Embalmer No.
working under my personal supervision.

Signed
Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.