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FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13648

State File No.

0540

BIRTH NO. 1 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No.

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington Mo</u>	
c. LENGTH OF STAY (in this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>R R # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaf at his farm home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Charles</u> c. (Last) <u>Scheiber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 20-1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan 6-1878</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	
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		11. BIRTHPLACE (State or foreign country) <u>Lexington, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Wm. C. Scheiber</u>		13b. MOTHER'S MAIDEN NAME <u>Phillipine Oles</u>		14. NAME OF HUSBAND OR WIFE <u>Marg Schramm</u>	
15. WAS DECEASED EVER IN U.S.-ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm C Scheiber</u> ADDRESS	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>died suddenly</u>		DUE TO (c) <u>without warning a few minutes</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in the pain lat of this farmer</u>				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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)		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 called as coroner, 1950, that I last saw the deceased alive on 3/19, 1950, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm Martin M.D.</u> (Degree or title)		23b. ADDRESS <u>9 Jesse Ave</u>		23c. DATE SIGNED <u>3/24/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	
24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Edward G. Gumpel</u> ADDRESS <u>Lex. Mo.</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Mr. Castbrooks</u>		156	

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RECEIVED

District Health Officer No. 8,

District File Number 4-10

Date Filed 4-20-50

SEP 7

SEP 12 1950

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 Geo. McKean

Licensed Embalmer No. 7983

P. O. Address Lexington, Va.

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.