

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37834  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Danville Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Danville Twp</u> <u>0709</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		<u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>F.</u> c. (Last) <u>Sheele</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>II-30-50</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>10-22-1877</u>		9. AGE (In years last birthday) <u>73</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>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Louis Sheele</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Haase</u>		14. NAME OF HUSBAND OR WIFE <u>Augusta Sheele</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Augusta Sheele Danville Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emphysema</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Dormant Chronic Fibroid</u> <u>Tuberculosis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Senility, Myocardial degeneration with decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sev. Mors</u>  <u>Approx. 10 to 15 Yrs. Ago</u>  <u>3 dys.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>MO 27</u>	
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 Apr. 9, 1950, to Nov. 30, 1950, that I last saw the deceased alive on Nov. 28, 1950, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>New Florence, Mo.</u>		23c. DATE SIGNED <u>Nov 30, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-2-50</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Montgomery City Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>					

DATE REC'D BY LOCAL REG. <u>12-4-50</u>		REGISTRAR'S SIGNATURE <u>James C. Helm M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. HOPKINS MONTGOMERY CITY MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1700

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

DEC - 4 1950

RECEIVED

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 XX On THE 30  
day of NOV 1950

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*C. W. Hopkins*  
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.