S. No. 300
Rev. 10.48

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FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40479

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wetzel Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola 0930
d. STREET ADDRESS (If rural, give location): 3 Miles E- Osceola

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): -
c. (Last): Schiebel

4. DATE OF DEATH (Month) (Day) (Year): 12/31/50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 6/17/1889
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holt County Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Schiebel
13b. MOTHER'S MAIDEN NAME: Amelia Urban
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hugo Schiebel
ADDRESS: Osceola Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/26, 1950, *to* 12/31, 1950, *that I last saw the deceased alive on* 12/30, 1950, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Mark Todd DO
23b. ADDRESS: Osceola Mo
23c. DATE SIGNED: 1/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/2/1951
24c. NAME OF CEMETERY OR CREMATORY: Osceola Cemetery
24d. LOCATION (City, town, or county) (State): Osceola Missouri

DATE REC'D BY LOCAL REG.: Jan-2-1951
REGISTRAR'S SIGNATURE: Florence Adair
25. FUNERAL DIRECTOR'S SIGNATURE: F B Goodrich
ADDRESS: Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-8-51

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 F B Goodrich
Licensed Embalmer No. 3038
P. O. Address Pascale 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.