

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9158  
Registrar's No. 22

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>SOUTH DAKOTA</b> b. COUNTY <b>LAKE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL TIFERDAM</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HUMBOLT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMMA</b>	b. (Middle) <b>MILLIE</b>	c. (Last) <b>MAEHL</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>APRIL 2 1951</b>

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>JAN 22 1878</b>	9. AGE (In years last birthday) <b>73</b>	10. MONTHS <b>2</b>	11. DAYS <b>10</b>	12. IF UNDER 1 YEAR Hours <b>10</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>HARTFORD S. D.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JOHN SCHEPPE</b>	13b. MOTHER'S MAIDEN NAME <b>SOPHIE MEYER</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM MAEHL DECEASED</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CARL BROCKHOFF</b>	ADDRESS <b>CONCORDIA, MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>1998</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastatic carcinoma bronch.</b>		
	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) (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 **11/1/1850**, to **4/2/1951**, that I last saw the deceased alive on **3/29/1951**, and that death occurred at **9:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. P. Robinson</b> (Degree or title)	23b. ADDRESS <b>Concordia, Mo.</b>	23c. DATE SIGNED <b>4/2/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>April 3, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LUTHERAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>HUMBOLT S. D.</b>
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DATE REC'D BY LOCAL REG. <b>April 2, 1951</b>	REGISTRAR'S SIGNATURE <b>Clayton V. Landrum</b>	154	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. L. James</b>	ADDRESS <b>Concordia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

540

RECEIVED 4-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-11-51 .....

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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed E. J. James .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2058 .....

P. O. Address Council Bluffs 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.