

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12186**

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROSEBUD</u> <u>0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>U</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>SCHAEPPERKOETTER</u> c. (Last) <u>SCHAEPPERKOETTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 11 1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB 12 1871</u>	
9. AGE (In years last birthday) <u>80</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 <u>OWN FARM</u>		11. BIRTHPLACE (State or foreign country) <u>WOOLLAM Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY SCHAEPPERKOETTER</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA AHRENS</u>		14. NAME OF HUSBAND OR WIFE <u>LIZZIE WENDLER</u>	
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>HENRY RASMUSSEN Owensville Mo</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart stroke</u>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>None</u>					
		DUE TO (c) <u>NO</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>NO</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)		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 <u>4-10</u> , 19 <u>51</u> , to <u>4-11</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. John Mellgren</u> (Degree or title)				23b. ADDRESS <u>Owensville Mo</u>		23c. DATE SIGNED <u>4-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Presbyterian Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>near Owensville Mo.</u>	
DATE REC'D BY LOCAL REG <u>April 16, 1951</u>		REGISTRAR'S SIGNATURE <u>Dorothy Wallace</u> <u>363</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Millard H. White Owensville</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Malford H H White

Licensed Embalmer No. 3838

P. O. Address. OWENSVILLE 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.