

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19551

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 255

123

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell	
c. LENGTH OF STAY (In this place) 6 hrs.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VA Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) N.	c. (Last) Schall	4. DATE OF DEATH (Month) (Day) (Year) June 4, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/21/92	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 24 HRS. Hours 15 Min. 55
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Chaonia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Schall	13b. MOTHER'S MAIDEN NAME Nancy Crutchfield	14. NAME OF HUSBAND OR WIFE Virgie Schall
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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) Yes 10/3/17-2/5/19	16. SOCIAL SECURITY NO. 4 28-18-2035 NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospitals	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure			M.V.M.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis			M.V.M.
DUE TO (c) Coronary Artery Occlusion (old)		M.V.M.		
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 checked="" 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 June 4, 1951, to June 4, 1951, and that death occurred at 3:55 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. V. Malinoski, Officer of Day, M. D.	23b. ADDRESS VA Hospital, Poplar Bluff, Mo	23c. DATE SIGNED 6/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Campbell, Missouri
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DATE REC'D BY LOCAL REG. June 11-1951	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo	ADDRESS
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RECEIVED

JUN 20 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-277

JUN 22 1951

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.