

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1951

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 259

480
1

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

1. PLACE OF DEATH a. COUNTY Jackson Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley, Mo. Rural No. 1. <u>0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION His farm home		d. STREET ADDRESS (If rural, give location) 2 miles South of Levasy, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Hugo	b. (Middle) H.	c. (Last) Schemmer	4. DATE OF DEATH (Month) (Day) (Year) July 17- '51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 2, 1883	9. AGE (In years last birthday) 68	Months 2	Days 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain farm	11. BIRTHPLACE (State or foreign country) Napoleon Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William H. Schemmer	13b. MOTHER'S MAIDEN NAME Mary Twente	14. NAME OF HUSBAND OR WIFE not married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary Twente Sibley, Mo. Rt 1.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 40 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage left parietal area.</u>		
	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) _____ 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 <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>7</u> <u>1951</u> <u>5:15 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 7, 1951 to July 17, 1951; that I last saw the deceased alive on July 16, 1951, and that death occurred at 5:15 AM from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS Oak Grove Mo	23c. DATE SIGNED 7-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-19-51</u>	24b. DATE Burial	24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cem.	24d. LOCATION (City, town, or county) (State) Buckner Jackson Co., Mo.
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DATE REC'D BY LOCAL REG. <u>July 18-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Vernon M. Reppert</u> Buckner Mo.
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JUL 25 RECD

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 _____

Leotis E. Lutman

working under my personal supervision.

Student Embalmer No. 410

Signed Leotis E. Lutman
Student Embalmer

Signed V. M. Reppert

Licensed Embalmer No. 3411

P. O. Address Buckner, 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.