No. 300
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FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17457

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 148

264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 22yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264 0
d. STREET ADDRESS (If rural, give location): ~~222~~ 523 Madison St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Schellman
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): June 4,1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10,1878

9. AGE (In years last birthday): 75 — If under 1 year: Months 2, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (City and State or Foreign Country): Brazito, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sebastian Schellman

13b. MOTHER'S MAIDEN NAME: Elizabeth Kraus

14. NAME OF HUSBAND OR WIFE: Louise Schellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Mo. **ADDRESS**: Mrs Louise Schellman Jefferson City

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) Uremia Coma

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Post operative renal failure
DUE TO (c) Duodenal ulcer c pyloric stenosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 5/8/53

19b. MAJOR FINDINGS OF OPERATION: as above 5410

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* 4-29, 1953, *to* 6-4, 1953, *that I last saw the deceased alive on* 6-4, 1953, *and that death occurred at* 4:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A Oseman MD

23b. ADDRESS: Jefferson City, Mo

23c. DATE SIGNED: 6/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 6,1953

24c. NAME OF CEMETERY OR CREMATORY: St.Thomas Cemetery

24d. LOCATION (City, town, or county) (State): St.Thomas,Mo.

DATE REC'D BY LOCAL REG.: June 6-53

REGISTRAR'S SIGNATURE: R.O. Davis MD-MR 68

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Victor Buschie Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.