

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18693**BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5753 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Maries County		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boone	
c. LENGTH OF STAY (in this place)		0630	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Leona			b. (Middle)			c. (Last) Scheulen			4. DATE OF DEATH (Month) (Day) (Year) 5 25 1953				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-9-1890			9. AGE (In years last birthday) 63		if UNDER 1 YEAR Months 3	if UNDER 24 HRS. Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME G. P. Barnhart			13b. MOTHER'S MAIDEN NAME Josephine Burnham			14. NAME OF HUSBAND OR WIFE John Scheulen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. X			17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Scheulen, Meta, Missouri		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis		DUPLICATE							
*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) arteriosclerosis							
		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 4221						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <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 February 19 53, to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 10:30A m., from the causes and on the date stated above.

23a. SIGNATURE Pauline G. Taylor			(Degree or title) M.D.			23b. ADDRESS Jefferson City, Mo.			23c. DATE SIGNED 5-26-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-27-1953		24c. NAME OF CEMETERY OR CREMATORY South Side Meta Cemetery			24d. LOCATION (City, town, or county) (State) Meta, Missouri				
DATE REC'D BY LOCAL REG. 6-1-1953		REGISTRAR'S SIGNATURE Pauline G. Taylor			GENERAL DIRECTOR'S SIGNATURE Walter D. Gilbert			ADDRESS Sixon Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1953

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.....

5/25/53

working under my personal supervision.

Student Embalmer No.....

Signed.....

Fred W. Gillett

Student Embalmer

Licensed Embalmer No.....

2341

P. O. Address.....

Dixon 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.