

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **850**

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5439** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.	
c. LENGTH OF STAY (In this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) Rosebud, Mo. Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rosebud, Mo. Rt. 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Henry	b. (Middle)	c. (Last) Schill	(Month) Jan.	(Day) 17,	(Year) 1954

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 2, 1872	9. AGE (In years last birthday) 81	# UNDER 1 YEAR Months	# UNDER 2 HRS. Days	# UNDER 2 MIN. Hours	# MIN.
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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 Own Farm	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Michel Schill	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Elizabeth Kaiser Schill
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Henry E. Schill	ADDRESS Rosebud, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Arteriosclerosis 5 yrs. +		
	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 _____, 19____, to **1-17, 1954**, that I last saw the deceased alive on **1-14, 1954**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Brown, M.D.	(Degree or title) M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 1-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-19-1954	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
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DATE REC'D BY LOCAL REG. Jan. 20, 1954	REGISTRAR'S SIGNATURE Mrs. Marion Sappmeyer	25. FUNERAL DIRECTOR'S SIGNATURE Wilford H. Winter	ADDRESS OWENSVILLE
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Ma

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.