No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5268

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 43

490 1

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sarcoxie Mo
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sarcoxie
d. STREET ADDRESS (If rural, give location): Mo

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3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): August F. Schimmel

4. DATE OF DEATH (Month) (Day) (Year): 2-23-54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-7-1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Friestatt Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: August Schimmel
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Henry Schimmel
ADDRESS: Sarcoxie Mo

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) Cardio nephritic — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
442X
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* 2-12-, 1953, *to* 2-23-, 1954, *that I last saw the deceased alive on* 2-2-, 1954, *and that death occurred at* 7:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Sarcoxie Mo
23c. DATE SIGNED: 2-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-54
24c. NAME OF CEMETERY OR CREMATORY: Lutheran Cem
24d. LOCATION (City, town, or county) (State): Sarcoxie Mo

DATE REC'D BY LOCAL REG.: 2-25-54
REGISTRAR'S SIGNATURE: Lloyd B. Clinton MD 139-0
25. FUNERAL DIRECTOR'S SIGNATURE: Jackson & Sons
ADDRESS: Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 4 1954
Jasper County Health Office
County File Number 54-3-179
Date Filed MAR 4 1954

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 me

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Carterville 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.