

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9415**

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **104**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY MARION	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL	a. STATE MISSOURI	b. COUNTY MARION
c. LENGTH OF STAY (in this place) -		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL -	0640
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH		d. STREET ADDRESS (If rural, give location) NEAR WEST ELY	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) EMMA	b. (Middle) JANE	c. (Last) SCHUCKEBIER	(Month) 4	(Day) 6	(Year) 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH 8/4/1859		
9. AGE (In years last birthday) 94		10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE RET.	11. BIRTHPLACE (State or foreign country) PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME GEORGE SMITH	13b. MOTHER'S MAIDEN NAME ELIZABETH MULL	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Madge Bode
		ADDRESS Mo. R.R.

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 3 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic shock		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall. Fracture left tibia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9027 45			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MONROE REST HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MONROE CITY MONROE Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-6-54 10:30 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from hospital bed 069

22. I hereby certify that I attended the deceased from 4-6, 1954, to 4-6, 1954, that I last saw the deceased alive on 4-6, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. N. Lemmon D.O.	23b. ADDRESS Monroe City, Mo.	23c. DATE SIGNED 4-8-54
--	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/8/1954	24c. NAME OF CEMETERY OR CREMATORY West Ely Lutheran Ch.	24d. LOCATION (City, town, or county) (State) West Ely Mo
DATE REC'D BY LOCAL REG. 4/12/54	REGISTRAR'S SIGNATURE 189-C Dr. G. M. Leach	25. FUNERAL DIRECTOR'S SIGNATURE Narred Garret	
		ADDRESS Monroe City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED **APR 12 1934**
MARION CO. HEALTH DEPT.
DATE FILED **APR 12 1934**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold V. Garner

Signed.....

Student Embalmer

Licensed Embalmer No. **3720**

P. O. Address. *Marion City.*

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.