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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11167

State File No. ....

FILED APR 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5089 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Pleasant Gap</b>		c. CITY OR TOWN <b>R.F.D.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>Appleton City Rt. 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Appleton City Rt. 3</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Henry</b>	b. (Middle) <b>Joseph</b>	c. (Last) <b>Schapeler</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 13, 1889</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 4 HRS. Hours <b>3</b>	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bates Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herman Schapler</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmenia Drawe</b>	14. NAME OF HUSBAND OR WIFE <b>Rosa Lee Schapeler</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rosa Schapeler</b>	ADDRESS <b>Appleton City Rt 3 Missouri</b>
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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, asthma, 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) <b>Congestive Heart Failure</b>		<b>1 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Left Ventricular Failure</b> DUE TO (c) <b>Hypertension</b>		<b>3 yrs.</b> <b>2 days</b>
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 <b>none performed</b>	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) <b>443'x</b>
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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?
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22. I hereby certify that I attended the deceased from 2/10, 1951, to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. O. Bjerkbe</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Rockville, Mo.</b>	23c. DATE SIGNED <b>4/14/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-15-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Reform Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bates Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April - 15 - 54</b>	REGISTRAR'S SIGNATURE <b>Kendall K...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver Underwood</b>	ADDRESS <b>Butler Mo</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John G. Unsworth*

Licensed Embalmer No. *358*

P. O. Address *Butler, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.