

**STANDARD CERTIFICATE OF DEATH**

State File No. **15477**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5440** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (Clay township)</b> c. LENGTH OF STAY (in this place) <b>entire</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (CLAY township)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAMILY HOME</b>		d. STREET ADDRESS (If rural, give location) <b>0378</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>HENRY</b>	c. (Last) <b>DREWEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 11 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>WIDOWED</b>	8. DATE OF BIRTH <b>FEB 19-1871</b>	9. AGE (In years last birthday) <b>83</b>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours 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>own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>CHRIS DREWEL</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISE DISTIEKAMP</b>	14. NAME OF HUSBAND <b>DECEASED CAROLINA SCHAPERKOETTE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM C. DREWEL-Bland, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>nephritis</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 <b>593 X</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>Clay township Gasconade Co., Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 several years, 19    , to     , 19    , that I last saw the deceased alive on May 6, 1954, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>C. A. Bunge, M.D.</b>	23b. ADDRESS <b>Bland, Mo.</b>	23c. DATE SIGNED <b>5/14/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 14th 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BLAND MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>May 18, 1954</b>	REGISTRAR'S SIGNATURE <b>Mrs. Marjorie Jappmeyer</b>	493-D	25. FUNERAL DIRECTOR'S SIGNATURE <b>SASSEMAN'S FUNERAL SERVICE</b>	ADDRESS <b>Bland, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
46  
20

**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 .....  
Student Embalmer

Signed

*Chester D. Assmann*

Licensed Embalmer No. 4178

P. O. Address Blount - Mu

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.