

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21775

FILED JUL 6 1954

State File No.
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139

1. PLACE OF DEATH a. COUNTY <u>Shelby</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Black Creek Twsp.</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2 1/2 Miles West of Shelbyville, Mo. - 2 1/2 Mi. W. Shelbyville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Black Creek Twsp. 1020</u> d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>Leslie</u> b. (Middle) <u>E</u> c. (Last) <u>Scheiner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10/21/1928</u>		9. AGE (In years last birthday) <u>25</u> # UNDER 1 YEAR: Months _____ Days _____ # UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leslie C. Scheiner</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Sykes</u>	
14. NAME OF DECEASED'S WIFE <u>Juanita Scheiner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Juanita Scheiner,</u>	
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 <u>Shelbyville, Mo.</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning in farm pond</u> ANTECEDENT CAUSES (b) <u>While working on hydrant</u> Morbid conditions, if any, giving rise to the above cause (a) and the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Insect deemed unnecessary</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>E9291</u> <u>3</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shelbyville - REP. Shelby Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Coroner</u>		23b. ADDRESS <u>Bethel, Missouri</u>		23c. DATE SIGNED <u>July 1-1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pk.</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-1-54</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. ...</u>	ADDRESS <u>Hannibal</u>	

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

SEP 27 1955

FEB 23 1955

JUL 6

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 Michael J. O'Rourke

Signed.....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Harrisonville

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.