

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29940

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 478

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. Pac. Henderson St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Woodrow c. (Last) Schalk		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr ied	8. DATE OF BIRTH Dec. 23, 1918
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific	
11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Otto Jacob Schalk		13b. MOTHER'S MAIDEN NAME Callie Mossberger	
14. NAME OF HUSBAND OR WIFE Irma Kiser Schalk		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2	
16. SOCIAL SECURITY NO. WW 2		17. INFORMANT'S SIGNATURE OR NAME Roy Schalk	
17. INFORMANT'S SIGNATURE OR NAME Roy Schalk		ADDRESS Poplar Bluff, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electric Shock 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. E9148 10	
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, etc.) Poplar Bluff Road yards	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff 12 Butler Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 11-1954 10:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Came in contact with high voltage electric line			
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 10:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Grover Wheeler		23b. ADDRESS Poplar Bluff Mo	
23c. DATE SIGNED Sept 15-1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-13-54	
24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 9/15/54		REGISTRAR'S SIGNATURE Frank Cotrell	
25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell		ADDRESS Poplar Bluff, Mo.	

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

RECEIVED
SEP 21 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

OCT 19 1954
OCT 27 1954

OCT 8 1954
SEP 27 1954

AUG 3 1955

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 _____

Glover D Green

Signed.....
Student Embalmer

Licensed Embalmer No. *2964*

P. O. Address *Coplas Bluff 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.