

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19466

State File No.

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon Franklin</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>6/4</u>
c. LENGTH OF STAY (in this place)		a. STREET ADDRESS (If rural, give location) <u>R.F.D. 4 TANNER BRIDGE Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy 54 3 mi S. of Eldon</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>PAUL</u>	c. (Last) <u>Schellman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 1955</u>
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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>AUG. 14, 1914</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milk Trunk DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CENTRAL DAIRY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>COLE CO., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph W. Schellman</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN DERKUM</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Schellman</u>
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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) <u>YES WW 11</u>	16. SOCIAL SECURITY NO. <u>488-16-8192</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Schellman</u>	ADDRESS <u>J. E. Me.</u>
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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 <u>3 MIN.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</u>		
	ANTECEDENT CAUSES As for 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.		<u>E8230 32</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Mo. U.S. Highway No. 54</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MILLER MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 9 1955 7:12 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>TRUCK LEFT HIGHWAY AND OVERTURNED. DRIVER APPARENTLY LOST CONTROL.</u>
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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 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. S. Humphrey, D.O. Coroner</u>	23b. ADDRESS <u>Columbia, Missouri</u>	23c. DATE SIGNED <u>6-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 9, 55</u>	REGISTRAR'S SIGNATURE <u>Al Warrenta</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Beacher</u>	ADDRESS <u>Jefferson City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

7
10.48

360
3

JAN 2 1958

JUN 22 1958

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..... *Victor Buescher*

Licensed Embalmer No..... *31*

P. O. Address..... *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.