

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1955

State File No. **37369**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5640</u>		Registrar's No. <u>76</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL, and give town or township) <u>Davis Township</u>		c. LENGTH OF STAY (In this place) <u>?</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Junction 13 & 40 Highways</u>				e. STREET ADDRESS (If rural, give location) <u>Tydol Hotel</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) _____ c. (Last) <u>SCHAIBLE</u>			4. DATE OF DEATH (Month) <u>April</u> (Day) <u>1955</u> (Year) <u>1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>August 29 1873</u>			
9. AGE (In years last b'day) <u>81</u>		IF UNDER 1 YEAR Months <u>7</u> Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Implement</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John C. Schaible</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. H. Amelung</u> ADDRESS <u>1515 N. 28th, Okla. City</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, asthma, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found dead in wooded pasture on 13 highway 1/2 mile south rd 40.</u> ANTECEDENT CAUSES <u>Dead many weeks, rising since April 1955. Round bullet in right side of chest.</u> DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>bullet in right side of chest.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>bullet in right side of chest.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>981X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Body determined. No bullet found. Body was found 10-16-55</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Profolle</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Unknown</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Higginsville Lafayette</u> COUNTY (STATE) <u>Mo</u>					
21d. TIME OF INJURY (Month) <u>April</u> (Day) <u>7</u> (Year) <u>1955</u> (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>gun shot</u>					
22. I hereby certify that I attended the deceased from <u>city death on 10-16, 1955</u> , that I last saw the deceased alive on <u>Date of death unknown</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Oddsia Mo</u>		23c. DATE SIGNED <u>11-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov 23-1955</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		FURNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Higginsville, Mo.</u>			

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

0.300
0.48
4.03

DEC 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not}embalmed by me, ~~or by~~..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. *4563*

P. O. Address *Richmond, Va.*

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.