

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5096  
639

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED MAR 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
--a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY OR TOWN **St. Joseph**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Veterans Administration Hospital**

e. STREET ADDRESS (If rural, give location) **1215 North 10th St., 0011**

3. NAME OF DECEASED  
a. (First) **Francis** b. (Middle) **John** c. (Last) **SCHELLHORN**

4. DATE OF DEATH **February 11, 1956**

5. SEX  Male

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **July 26, 1896**

9. AGE (In years last birthday) **59**

IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Railroad clerk**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **St. Joseph, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John A. Schellhorn**

13b. MOTHER'S MAIDEN NAME **Bertha Hauser**

14. NAME OF HUSBAND OR WIFE **Catherine Schellhorn**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WWI**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME **Official VA Hospital Records** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* **(a) Basal Meningitis**

INTERVAL BETWEEN ONSET AND DEATH **1 Month**

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_  
DUE TO (c) **Abscess of lung, right upper lobe**

1 Year

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Pyogenic in origin (n.m.o.)**

**521X**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **VA m.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from **February 8, 1956**, to **February 11, 1956** and that death occurred at **11:20A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Guido Podrecca** GUIDO PODRECCA

23b. ADDRESS **VA Hospital** **M. D. Kansas City, Missouri**

23c. DATE SIGNED **2-11-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2-11-56**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Mo.**

DATE REC'D BY LOCAL REG. **2-11-56** REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE **Therese Hoffman** ADDRESS **Funeral Home St. Joseph, Mo.**

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

MAR 1 1950

FEB 5 1957

MAR 9 1951

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

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.