XC 1653989
REG. 18536 SL 11025

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36139
STATE FILE NUMBER

FILED OCT 16 1956 318 Registration District No. 1003 Primary Registration District No. 8702 Registrar's No.

Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA HOSPITAL — Length of stay in 1b 29 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Webster
c. CITY OR TOWN Seymour — Inside Limits Yes ☐ No X
d. STREET ADDRESS Route 4 (If outside, give location) 1120 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First JESSE Middle W. Last SCHEETZ
4. DATE OF DEATH Month 9 Day 19 Year 56

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH 9-5-96
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Dallas Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Scheetz
14. MOTHER'S MAIDEN NAME Ellen Linn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH Appx. 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) POST-OPERATIVE CARCINOMA OF BLADDER
DUE TO (c) 181X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) BACTERIAL ENDOCARDITIS
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-21-56, to 9-19-56 and last saw ~~her~~ him alive on 9-19-56
Death occurred at 5:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) By. F. Westphaelinger M.D.
22b. ADDRESS 915 N. Grand Blvd. VAH, ST. LOUIS, MO.
22c. DATE SIGNED 9-20-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/20/56
23c. NAME OF CEMETERY OR CREMATORY Seymour, Mo
23d. LOCATION (City, town, or county) (State) Seymour, Mo.

24. FUNERAL DIRECTOR ADDRESS Edward Fendler Mortuary 5611 S Grand
25. DATE RECD. BY LOCAL REG. SEP 20 1956
26. REGISTRAR'S SIGNATURE Earl Smith Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Harry J. Schum ac

Licensed Embalmer No. 26

P. O. Address 5611 S. Ra

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