

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36915**

FILED NOV 23 1956

BIRTH NO. _____		REG. DIST. NO. <u>9</u>	PRIMARY REG. DIST. NO. <u>4005</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rosendale</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rosendale</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
STREET ADDRESS (If rural, give location) _____		_____ <u>0020</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Archie</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Scheffler</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>11-6-1956</u>		
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>3-21-1869</u>	9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Madison Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Scheffler</u>		13b. MOTHER'S MAIDEN NAME <u>un known</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA Scheffler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>522-32-1749</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Schieffler Rosendale mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Illium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
ANTECEDENT CAUSES Morbidity 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.		
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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>152x</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>56</u> , to <u>Nov 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 6</u> , 19 <u>56</u> , and that death occurred at <u>2:15</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. V. B. Wilson M.D.</u>		23b. ADDRESS <u>Rosendale mo</u>		23c. DATE SIGNED <u>NOV 7-1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>	
DATE REC'D BY LOCAL REG. <u>11-13-56</u>	REGISTRAR'S SIGNATURE <u>William Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah mo</u>		

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

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed... *E. C. Breit*

Licensed Embalmer No. *2659*

P. O. Address *Sacramento*

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.