

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006423  
STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 215 Primary Registration District No. 4327 Registrar's No. 7

300  
-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri MILITARY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia - Rich Wood - top		c. CITY OR TOWN Iberia 0660	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Charley M. Schepers			4. DATE OF DEATH Month Day Year Feb. 25, 1959
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/13/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telephone operator		11. BIRTHPLACE (City and state or country) Osage Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman Schepers		13b. MOTHER'S MAIDEN NAME Gertrude Sellerhoff	14. NAME OF HUSBAND OR WIFE Katherine Schepers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-05-2402	17. INFORMANT Address a Katherine Schepers Iberia, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 2 YRS. 15 YRS.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 1945 to Feb 25, 1959 and last saw <sup>her</sup> him alive on Feb 23, 1959 Death occurred at Iberia, MO R 236 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John A. Mikalovich 2		22b. ADDRESS CROCKER, MO	
22c. DATE SIGNED 2-27-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/28/59	23c. NAME OF CEMETERY OR CREMATORY St. Anthony	23d. LOCATION (City, town, or county) (State) Iberia, Mo
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Homes Iberia, Mo		25. DATE RECD. BY LOCAL REG. MARCH-5-'59	26. REGISTRAR'S SIGNATURE Jessie Perkins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 ..... *Walter P. Hedges*

Licensed Embalmer No. *4265*  
P. O. Address *Beverly, Mo*

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.