

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012601
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Applecreek TWP</u>		c. CITY OR TOWN <u>Applecreek TWP</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville Star Rte</u>		d. STREET ADDRESS (If outside, give location) <u>Perryville Star Rte</u>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Alvin</u> Last <u>Schemel</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>21</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2, 1885</u>	9. AGE (In years last birthday) <u>73</u>	10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Perry County</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Micheal Schemel</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Dickinson</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Biehle</u>
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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>None</u>	17. INFORMANT <u>John Schemel</u>	Address <u>Perryville Star Rte.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> DUE TO (b) <u>mitral stenosis</u> DUE TO (c) <u>rhematoid arthritis</u>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <u>11:45 A</u> Month <u>4</u> Day <u>21</u> Year <u>59</u>	

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 <u>Perryville</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from 1949 to 4-21-59 and last saw him alive on 4-20-59
Death occurred at 11:45 A on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Dr. W. W. Wiedeman</u>	22b. ADDRESS <u>2 Perryville Mo</u>	22c. DATE SIGNED <u>4/23/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Maraus Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Biehle Missouri</u>
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24. FUNERAL DIRECTOR <u>Young & Sons Perryville</u>	ADDRESS <u>Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Drene Kasten</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958 MAY

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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

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.