. Health,
. & Welfare
. Public
th Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020546
STATE FILE NUMBER

FILED JUL 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 291

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Length of stay in 1b 16 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff, Mo. Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 825 Park Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Martin Middle Rudolph Last Schelp
4. DATE OF DEATH Month June Day 13 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 27, 1885
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 1 Days 16 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (City and state or country) Sangmon County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Shelp
13b. MOTHER'S MAIDEN NAME Sarah Boston
14. NAME OF HUSBAND OR WIFE Louise Shelp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-12-9173
17. INFORMANT Mrs. Martin Schelp Address 825 Park

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) Cardiac Decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1 mo ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 1957, to 13 June 59 and last saw him alive on 12 June 1959
Death occurred at 4:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A H Brookreson MD
22b. ADDRESS 321 Oak Poplar Bluff Mo
22c. DATE SIGNED 15 June 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 15, 1959
23c. NAME OF CEMETERY OR CREMATORY City Cemetetery
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

24. FUNERAL DIRECTOR Landess Funeral Home ADDRESS Campbell Missouri
25. DATE RECD. BY LOCAL REG. 6/27/59
26. REGISTRAR'S SIGNATURE D H Minetree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

FILE No.

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 Christine M. Landes

Licensed Embalmer No. 4227

P. O. Address Campbell, Ho

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.