

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 7 1959

59-024007

Registration District No. 4 Primary Registration District No. 002 Registrar's No. 5019 STATE FILE NUMBER 410

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, give TOWNSHIP only) <u>Rochester</u>		Length of stay in 1b <u>2 Mo.</u>	c. CITY OR TOWN <u>Fillmore, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shady Lawn Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>"No address"</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charley Fredrick Scheeb</u>			4. DATE OF DEATH Month Day Year <u>July 21, 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-5-1879</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	
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 <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		
13a. FATHER'S NAME <u>Gotzeib Schueb</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Bietz</u>		14. NAME OF HUSBAND OR WIFE <u>Sena May Schueb</u>		
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Irene McCollon, Savannah, Mo.</u>			
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>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)				
		DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of prostate</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) <u>Carcinoma of prostate</u>				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
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 <u>3-15-59</u> to <u>7-21-59</u> and last saw him alive on <u>7-20-59</u> Death occurred at <u>8:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Do not sign if still a student) <u>Warren C. Baker M.D.</u>			22b. ADDRESS <u>Savannah, Mo.</u>		22c. DATE SIGNED <u>7-23-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-23-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fillmore City Cem.</u>	23d. LOCATION (City, town, or county) <u>Fillmore, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Wm A Reich, Savannah, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-28-59</u>	26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

[Faint, mostly illegible handwritten text, possibly including names and dates.]

VS
 JUL 7
 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
 or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed W. A. Reich

Licensed Embalmer No. 4278
 P. O. Address Savanna

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.