

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028546

FILED VS. AUG 24 1959 88

Primary Registration District No. 5330 Registrar's No. 32

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage		Length of stay in lb 12 yrs.		c. CITY OR TOWN DAVISVILLE Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 mi. S. of DAVISVILLE			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Robert William Schelin				4. DATE OF DEATH Month Day Year 8 - 9 - 59			
5. SEX male	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 3-2-1921	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & die maker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Ben Schelin			13b. MOTHER'S MAIDEN NAME Grace Marsh		14. NAME OF HUSBAND OR WIFE Dorothea		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II & Korean			16. SOCIAL SECURITY NO. 489-16-9764	17. INFORMANT Address Mrs. Dorothea Schelin DAVISVILLE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus DUE TO (b) The Coronary Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 10 min 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 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 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 8-9-59 to 8-9-59 and last saw him alive on Dead on exam Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deedee or title) Frank A. Schelin			22b. ADDRESS Cuba Mo.		22c. DATE SIGNED 8-10-59 (State) Mo.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-12-59	23c. NAME OF CEMETERY OR CREMATORY Assembly of God Church		23d. LOCATION (City, town, or county) DAVISVILLE			
24. FUNERAL DIRECTOR ADDRESS Harry M. Jonas Steelville			25. DATE RECD. BY LOCAL REG. 8-14-59	26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 8 4 1958

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 Henry Johnson

Licensed Embalmer No. 2628

P. O. Address Stecher

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.