

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036769

STATE FILE NUMBER

FILED VS NOV 10 1959 172

Registration District No. 4273

Registrar's No. 88

ENDED

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA		c. CITY OR TOWN CONCORDIA	
Length of stay in 1b 64 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 BISMARCK ST		d. STREET ADDRESS (If outside, give location) 509 BISMARCK ST.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD WILLIAM SCHELP			4. DATE OF DEATH Month Day Year NOV 3 1959			
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 DEC 11, 1894	9. AGE (last birthday) 64	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT POLICE		10b. KIND OF BUSINESS OR INDUSTRY CITY POLICE		11. BIRTHPLACE (City and state or country) LAFAYETTE CO. MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HENRY SCHELP		13b. MOTHER'S MAIDEN NAME CAROLINA BRUNS		14. NAME OF HUSBAND OR WIFE MRS LENA SCHELP		
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. 487-16-7379		17. INFORMANT Address VERNON SCHELP ST. LOUIS. MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) myocardial infarction		few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Coronary atherosclerosis	Several yrs
	DUE TO (c)	

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	
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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 **March 12, 1957** to **Nov 3, 1959** and last saw him live on **Nov 2, 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) H. S. Jordan, M.D.		22b. ADDRESS Concordia Mo		22c. DATE SIGNED 11/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/6/59	23c. NAME OF CEMETERY OR CREMATORY BETHEL	23d. LOCATION (City, town, or county) CONCORDIA	(State) MO
24. FUNERAL DIRECTOR ADDRESS E. S. Jones Concordia Mo		25. DATE RECD. BY LOCAL REG. NOV. 6-1959	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 13 1959

NOV 20 1959

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. J. James

Licensed Embalmer No. 2058
P. O. Address Concordia

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.