URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 22 1960

60-010201

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 000 Registrar's No. 116

ENDED

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burd
Length of stay in 1b 36 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 mi. E. Jackson
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Jackson
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 3 mi. E. Jackson
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First FREDERICK Middle WILLIAM Last SCHEPER

4. DATE OF DEATH Month March Day 11 Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/31/1893
9. AGE (last birthday) 66
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Laclin. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frederick Scheper
13b. MOTHER'S MAIDEN NAME Perture
14. NAME OF HUSBAND OR WIFE Lulu Scheper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W I
16. SOCIAL SECURITY NO. None
17. INFORMANT Lulu Scheper Address Jackson, Mo.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral metastasis
DUE TO (c) Carcinoma of lung
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 10 March 1960 to 10 March 1960 I last saw her/him alive on 10 March 1960
Death occurred at 2:30-A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Trolinger, MD (Degree or title)
22b. ADDRESS J. T. TROLINGER, M. D. JACKSON, MISSOURI
22c. DATE SIGNED 3/12/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/13/1960
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Jackson Mo. Hwy 61 E.

24. FUNERAL DIRECTOR McCombs ADDRESS Jackson Mo.
25. DATE REC'D BY LOCAL REG. 3-16-1960
26. REGISTRAR'S SIGNATURE Lum Karten

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER MAR 22 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Bruce Dockins, Student Embalmer No. 598

working under my personal supervision.

Student Bruce Dockins
Signature of Student Embalmer

Signed B A Meyer

Licensed Embalmer No. 3951

P. O. Address Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.