

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020541

FILED JUN 14 1960

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 19

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bo-Tus</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>OPHETON CITY</u>		Length of stay in lb <u>2 weeks</u>		c. CITY OR TOWN <u>Rockville Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLETT M. Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>PRAIRIE TWP.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>EMIL</u> Last <u>SCHAPLEK</u>				4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1960</u>					
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 1 - 1891</u>			
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>					
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>PRAIRIE CITY MO.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Herman Schapler</u>			13b. MOTHER'S MAIDEN NAME <u>MINNIE DRAWE</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>497-40-8966</u>			17. INFORMANT <u>Herman Schapler</u> Address <u>Appleton City, 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>Cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis cerebral</u> DUE TO (c) <u></u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
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 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.)					
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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>20 May 1960</u> to <u>11 June 1960</u> and last saw him alive on <u>10 June 1960</u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <u>W. F. [Signature]</u> (Degree or title)				22b. ADDRESS <u>Appleton City, Mo.</u>			22c. DATE SIGNED <u>11 June 60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-13-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Reformers</u>		23d. LOCATION (City, town, or county) (State) <u>PRAIRIE CITY MO.</u>			
24. FUNERAL DIRECTOR <u>Oscar E. [Signature]</u> ADDRESS <u>Appleton City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>June 11, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Chas. Ebney</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
MAR 3
1937

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton, Wis.

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