RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 22 1960

-60-042678

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 107

NDED

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Vernon — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Moores Courts Cabin 7 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Miller
c. CITY OR TOWN: Meta — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JOSEPH Middle: BEN Last: SCHEULEN
4. DATE OF DEATH: Month: Nov Day: 16 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 28-1912
9. AGE (last birthday): 48
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:
11. BIRTHPLACE (City and state or country): Meta, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ben Scheulen
13b. MOTHER'S MAIDEN NAME: Anna Myberger
14. NAME OF HUSBAND OR WIFE: Gertrude Scheulen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-18-6513
17. INFORMANT: Mrs. Gertrude Scheulen — Address: Meta Mo R1

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): Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
DUE TO (b): Coronary Thrombosis — 4½ hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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. ☐ 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 Nov 16 1960 to Nov 16 1960 and last saw him alive on Nov 16 1960
Death occurred at 4:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold E. Lange D.O.
22b. ADDRESS: Mt Vernon Mo
22c. DATE SIGNED: 11/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-16-60
23c. NAME OF CEMETERY OR CREMATORY: St. Lawrence Cemetery
23d. LOCATION (City, town, or county): St. Elizabeth (State): Mo.
24. FUNERAL DIRECTOR: Humphreys Funeral Home, Meta, Mo — ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-16-1960
26. REGISTRAR'S SIGNATURE: H. D. Fossett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 20 1960

NOV 23 1960

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H W Fossett

Signature of Student Embalmer

Licensed Embalmer No. 220

P. O. Address Mt Vernon

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