SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013104
STATE FILE NUMBER

AMENDED

FILED APR 20 1961

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 106

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY
Length of stay in 1b: 9 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Marys' Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN: LOOSE CREEK MO
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ANNA Middle: Last: SCHEULEN
4. DATE OF DEATH: Month: April Day: 13 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/14/1888
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months 5 Days 29
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house-wife
10b. KIND OF BUSINESS OR INDUSTRY: home-maker
11. BIRTHPLACE (City and state or country): Loose Creek Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ferdinand Schmitzn
13b. MOTHER'S MAIDEN NAME: Ann Herkamp
14. NAME OF HUSBAND OR WIFE: Jacob Scheulen (dec)
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.: ------
17. INFORMANT: Mrs Anton Redel Address: Freeburg 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) Thyrotoxic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 11-1-60 to 4-13-61 and last saw her/him alive on 4-13-61
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L B Selby M.D. (Degree or title)
22b. ADDRESS: Jefferson City Mo
22c. DATE SIGNED: 4-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4/17/61
23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
23d. LOCATION (City, town, or county): Loose Creek (State): Mo

24. FUNERAL DIRECTOR: Clyde Morton ADDRESS: Linn Mo
25. DATE RECD. BY LOCAL REG.: 14 April 1961
26. REGISTRAR'S SIGNATURE: R.P. Dorris MD - R Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn Mo

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.