

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014862

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 14 Primary Registration District No. 4029 Registrar's No. 5

FILED MAY 6 1963

VS 300  
 Rev. 4/59  
 1 0060  
 2 0060  
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 4 0  
 5 0  
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 7 0  
 8 2  
 9 9290  
 10 42  
 11 006  
 12 9-3  
 13 1-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mindenmines</b>		Length of stay in 1b <b>3 Years</b>	c. CITY OR TOWN <b>Mindenmines</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>-----</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Clayton Dale Schell</b>		4. DATE OF DEATH Month Day Year <b>April 28 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/20/1948</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	9. AGE (last birthday) <b>14</b>
13a. FATHER'S NAME <b>Clifford Schell</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Nichols</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, or unknown) (If yes, give war or dates) <b>No</b>		17. INFORMANT <b>Clifford Schell, Mindenmines, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Suffocation &amp; water Drowning</b>			INTERVAL BETWEEN ONSET AND DEATH <b>-----</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause - last. DUE TO (b) <b>-----</b> DUE TO (c) <b>-----</b>			
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 checked="" 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 Month, Day, Year a.m. p.m.		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>approximately 11:00-12:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Thomas J. Farrell MD CORONER, BARTON COUNTY, MO.</b>		22b. ADDRESS <b>1204 Gulf Street LAMAR, Missouri</b>	22c. DATE SIGNED <b>4-29-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/2/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>	23d. LOCATION (City, town, or county) (State) <b>McDonald County, Missouri</b>
24. FUNERAL DIRECTOR <b>John C. Forishek</b>		ADDRESS <b>Frontenac, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 29, 1963</b>
		26. REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 10 1963

**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 *John C. Friskel*  
John C. Friskel

Licensed Embalmer No. 1775

P. O. Address 230 E. McKay  
Frontenac, Ks.

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.