

REC'D MAY 16 1939
Dr. Gillham

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14666
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 107
(c) City Jefferson (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Donald Roy Scheperle

(a) Residence, No. 810 Broadway St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day: _____ hrs. or _____ min.
5 34 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo
(STATE OR COUNTRY)

FATHER 13. NAME Roy A. Scheperle

14. BIRTHPLACE (CITY OR TOWN) Lohman, Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Marie Lueckenotte

16. BIRTHPLACE (CITY OR TOWN) Miller County, Mo
(STATE OR COUNTRY)

17. INFORMANT Roy A. Scheperle
(ADDRESS) Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE April-25-1939

19. FUNERAL DIRECTOR (ADDRESS) W. H. Gordon
Jefferson City, Mo

20. FILED 4/26/39 P. W. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-19-1939, to 4-22-1939, 1939
I last saw ~~him~~ alive on 4-22-1939. Death is said to have occurred on the date stated above, at 6:00 m.
The principal cause of death and related causes of importance were as follows:

Petroleum

Date of onset 4-19-39

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. Gillham, M. D.
Jefferson City, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Ford P. Dulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ford P. Dulle

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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 this body is not embalmed, above space should be left blank.