

No. 300
10.48

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 446

14
2

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3005 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Searcy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton 2</u>		c. LENGTH OF STAY (In this place) <u>146nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1 Fulton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>		a. (First) <u>SCHEIDEGGER</u>	
		b. (Middle)	
		c. (Last)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>Mar 2-1868</u>	
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>1</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>farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Hermann Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>dk</u>		13b. MOTHER'S MAIDEN NAME <u>dk</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Scheidegger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>dk</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Scheidegger</u>		ADDRESS <u>Weldon</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma prostate</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) _____		177F	
II. OTHER SIGNIFICANT CONDITIONS		_____	
Conditions contributing to the death but not related to the disease or condition causing death <u>Sen arteriosclerosis</u>			
19a. DEGREE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma prostate</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>D</u>			
22. I hereby certify that I attended the deceased from <u>12/8</u> , 19 <u>48</u> to <u>2/3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>49</u> and that death occurred at <u>12:18</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W Caldwell</u>		23b. ADDRESS <u>State Hos #1 Fulton Mo</u>	
23c. DATE SIGNED <u>2/3/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb 3 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Searcy Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 3-1949</u>		REGISTRAR'S SIGNATURE <u>Jesse Morant Hoff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>August H. Blumer</u>		ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number FEB 9 1949
Date Filed

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
Student Embalmer

Signed Chas. M. Pope

Licensed Embalmer No. 2552

P. O. Address Hennepin, 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, fact should be so stated above.