

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33512

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>	
c. LENGTH OF STAY (in this place) <u>65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Bland, Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bland Route</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) _____ c. (Last) <u>Scheel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30 1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 15, 1866</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	11. BIRTHPLACE (State or foreign country) <u>Bland, Mo. Route</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ferdinand Drusch</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Gawer</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Scheel, Sr.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no ***</u>		16. SOCIAL SECURITY NO. <u>***</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Scheel, Sr. Bland, Mo. R</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. hemiplegia -</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 dys.</u> <u>6 yrs.</u> <u>6 yrs.</u> <u>6 yrs.</u>	
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) <u>451</u>	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-29</u> , 19 <u>49</u> , to <u>10-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-29</u> , 19 <u>49</u> , and that death occurred at <u>3:15pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul A. Brunner, M.D. U</u>		23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>11-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-2-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bem, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov 2, 1949</u>	REGISTRAR'S SIGNATURE <u>Maithy Lockman</u> <u>363</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melvin N. H. White OWENSVILLE</u>	

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

District File Number

District Health Officer No. 9

RECEIVED NOV 5 1919

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 Mc

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Merford H. H. Winters

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.