

FILED JUN 5 1950

STANDARD CERTIFICATE OF DEATH

17632

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella, Mo.		c. LENGTH OF STAY (In this place) 7 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Powell, Mo.		D600
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Deller b. (Middle) May c. (Last) Schell			4. DATE OF DEATH (Month) (Day) (Year) May 12 50		
5. SEX Female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Febr. 10 1893		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 3 IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W. M. Patterson		13b. MOTHER'S MAIDEN NAME Laura Lowery	14. NAME OF HUSBAND OR WIFE Joe C. Schell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Joe C. Schell		ADDRESS Powell, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X				INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)	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>5-11-</u> , 19 <u>50</u> , to <u>5-12-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-12-</u> , 19 <u>50</u> , and that death occurred at <u>12:30m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE C. Cardwell, M.D.			23b. ADDRESS Stella, Mo.	23c. DATE SIGNED 5-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/50	24c. NAME OF CEMETERY OR CREMATORY Fox Cemetary	24d. LOCATION (City, town, or county) (State) Powell, Mo.		
DATE REC'D BY LOCAL REG. 5-26 1950	REGISTRAR'S SIGNATURE Alpha Dyer		25. FUNERAL DIRECTOR'S SIGNATURE W. Morris Pope	ADDRESS Wheeler, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 650-121

Date Filed MAY 31 1950

AUG 23 1958

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 James H. Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.