

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15887

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY **Carroll**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Norborne, Egypt**
c. LENGTH OF STAY (In this place) **67 Year**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **410 South Elm Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Carroll**
c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN **Norborne**
d. STREET ADDRESS (If rural, give location) **410 south Elm Street**

3. NAME OF DECEASED
a. (First) **Mahlon** b. (Middle) **E** c. (Last) **Scheible**
4. DATE OF DEATH (Month) (Day) (Year) **May 28, 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept. 6, 1882** 9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farming** 11. BIRTHPLACE (State or foreign country) **Decalb County Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Chris Scheible** 13b. MOTHER'S MAIDEN NAME **Mary Noyes** 14. NAME OF _____ OR WIFE **Elizabeth Scheible**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Elizabeth Scheible Norborne**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial - Cardio failure** INTERVAL BETWEEN ONSET AND DEATH **6 hrs**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerosis** **2 yrs**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **442x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

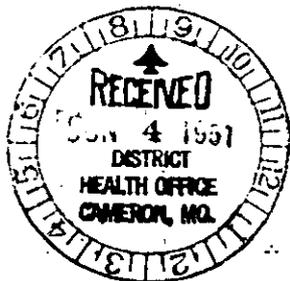
22. I hereby certify that I attended the deceased from **Jan**, 1951, to **May 28**, 1951, that I last saw the deceased alive on **May 26**, 1951, and that death occurred at **8 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Gene J. Salvo** 23b. ADDRESS **Carrollton Mo** 23c. DATE SIGNED **5-28-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **May 30, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Fairhaven Cemetery** 24d. LOCATION (City, town, or county) (State) **Norborne Missouri**

DATE REC'D BY LOCAL REG. **MAY 30-1951** REGISTRAR'S SIGNATURE **Eileen Peniston** 46 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John Deitch Jr Norborne**

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



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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John H. Ditch Jr

Licensed Embalmer No. 4797

P. O. Address

Warborne

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.