

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27974

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>252</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bell City</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>---</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u>			b. (Middle) <u>MARIE</u>		c. (Last) <u>SCHEIBLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1953</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 30, 1918</u>	9. AGE (In years last birthday) <u>35</u>	10. MONTHS <u>3</u>	11. DAYS <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Robert Mc Dowell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Henson</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Scheible</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Mc Dowell, Bell City, Mo.</u>			
18. CAUSE OF DEATH Enter only concise phrase per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyper Nephroma</u>					INTERVAL BETWEEN ONSET AND DEATH
		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.					
19a. DATE OF OPERATION <u>8/28/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hyper Nephroma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>8/18</u> , 19 <u>53</u> , to <u>8/28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/28</u> , 19 <u>53</u> and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Smith</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>8/31/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 30, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-1-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO.-Bloomfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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, ~~for~~ by Lulu

Cooper # 3499

~~Student Embalmer~~ No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Frank Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.