Form No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 5414

BIRTH NO. FILED FEB 25 1954 REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5712 Registrar's No. 3

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**1. PLACE OF DEATH**
a. COUNTY: Mc Donald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Twp
c. LENGTH OF STAY (in this place): 24HR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
d. STREET ADDRESS (If rural, give location): 6492 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Rickey
b. (Middle): Chinton
c. (Last): Schehh

**4. DATE OF DEATH** (Month) (Day) (Year): 2-14-54

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): N M
**8. DATE OF BIRTH**: 8-30-1949
**9. AGE** (In years last birthday): 4 If under 1 year: Months 5 Days; If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: No
**11. BIRTHPLACE** (State or foreign country): Joplin, Mo
**12. CITIZEN OF WHAT COUNTRY?**: U S

**13a. FATHER'S NAME**: Chint Schehh
**13b. MOTHER'S MAIDEN NAME**: Josephine Wooten
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS

**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) Accidental Drowning

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.*

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INTERVAL BETWEEN ONSET AND DEATH: Sudden

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

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) Mountain Twp (COUNTY) Mc Donald (STATE) Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: F. M. Humphrey Jr. (Degree or title) Coroner
**23b. ADDRESS**: Noel, Mo
**23c. DATE SIGNED**: 2-15-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 2-16-54
**24c. NAME OF CEMETERY OR CREMATORY**: Goss Cem
**24d. LOCATION** (City, town, or county) (State): Phelps Mo

DATE REC'D BY LOCAL REG.: Feb. 23, 1954
REGISTRAR'S SIGNATURE: O. E. Plumlee 178
**25. FUNERAL DIRECTOR'S SIGNATURE** F. M. Humphrey Sr. ADDRESS Pineville Mo.

(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, or by .....

....., Student Embalmer No. ✓

working under my personal supervision.

Student ..... ✓ .....
Student Embalmer

Signed W. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.