

FILED JUL 9 1954

STANDARD CERTIFICATE OF DEATH

State File No. **19682**
 BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u> c. LENGTH OF STAY (in this place) <u>15 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>602 Suter Street</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u> d. STREET ADDRESS (If rural, give location) <u>602 Suter Street</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>George H</u> b. (Middle) <u>Henry</u> c. (Last) <u>Scheveling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1954</u>			
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>18 Dec. 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Woodworker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <u>Aviston, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Henry Scheveling</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Stoff</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Fleming</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW1</u>	16. SOCIAL SECURITY NO. <u>492-09-9153</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Scheveling, Palmyra, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted gun shot wounds</u> <u>16 gauge</u> 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E976 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Palmyra Marion Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40a m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. O'Donnell</u> (Degree or title)	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2 July 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Palmyra, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7/2/54</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Luede</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>1894</u> <u>Thuis Brothers - Palmyra, Mo.</u>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300
 10-48

0640

 0640
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JUL 7 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JUL 7 1954

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

George M. Lewis

Licensed Embalmer No.

4851

P. O. Address

Sammy 19, 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.