No. 300
10.48

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

FILED APR 11 1955

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

State File No. 7341

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 357

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Depot, 1221 So. 6th St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Nebraska
b. COUNTY: Gage 8260
c. CITY OR TOWN: Wymore
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 517 N. 7th St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Wilbur
b. (Middle):
c. (Last): Schappaugh

**4. DATE OF DEATH** (Month) (Day) (Year): April 1, 1955

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: July 10, 1897
**9. AGE** (In years last birthday): 57 — 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): engineer
**10b. KIND OF BUSINESS OR INDUSTRY**: railroad
**11. BIRTHPLACE** (City and State or Foreign Country): Troy, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Henry Schappaugh
**13b. MOTHER'S MAIDEN NAME**: Kattie Sheppard
**14. NAME OF HUSBAND OR WIFE**: Verna

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
**16. SOCIAL SECURITY NO.**: 707-07-4405
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. Verna Schappaugh, 517 N. 7th, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) Man died suddenly without a history of recent serious illness or disability

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 [X]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I ~~attended~~ viewed the deceased from* on 4/1, 1955, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:01 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H. F. Mundy (Coroner) (Degree or title) M.D.
**23b. ADDRESS**: St. Joseph Mo
**23c. DATE SIGNED**: 4/1/55.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal
**24b. DATE**: 4/1/1955
**24c. NAME OF CEMETERY OR CREMATORY**:
**24d. LOCATION** (City, town, or county) (State): Wymore, Nebraska

**DATE REC'D BY LOCAL REG.**: April 7, 1955
**REGISTRAR'S SIGNATURE**: Esther M. Allison 485
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Heaton-Bowman St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1958

APR 12 1958

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NO embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard D. Collins

Licensed Embalmer No. 495

P. O. Address St. Joseph

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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