

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11274

State File No.

FILED APR 18 1955

BIRTH NO. REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> 0170	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carrollton, 0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nornorne.</u> 0	
c. LENGTH OF STAY (In this place) <u>15 Days</u>		d. STREET ADDRESS (If rural, give location) <u>210 W. 4th Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital.</u>			

3. NAME OF DECEASED (Type or Print) <u>Englebert Scheible.</u>			4. DATE OF DEATH <u>April 8, 1955</u>						
a. (First)	b. (Middle)		c. (Last)	Month	Day	Year			
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2	8. DATE OF BIRTH <u>March 9, 1865</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Jacksonville Indiana, 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Englebert Scheible.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Seeberger</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara M. Nornorne Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia - myelogenous</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2041</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 Apr, 1954, to Apr, 1955, that I last saw the deceased alive on 8 Apr, 1955 and that death occurred at 8 Apr., from the causes and on the date stated above.

23a. SIGNATURE <u>E. W. Allen M.D.</u> (Degree or title)		23b. ADDRESS <u>Carrollton, Mo.</u>		23c. DATE SIGNED <u>4/9/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/11/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Nornorne, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>4/11/55</u>	REGISTRAR'S SIGNATURE <u>Tom Herbert Carter</u>	450	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Ditch</u>	ADDRESS <u>Nornorne Mo</u>	
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WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

VS APR 21 1960

VS APR 21 1960

VS APR 21 1960

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John G. Ditch

Licensed Embalmer No. 3654

P. O. Address Norborne MA

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

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