

FILED MAY 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16883

0930

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

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4436 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City Mo. (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>3 da</u>		d. STREET ADDRESS (If rural, give location) <u>0079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elliott M. Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>William Louis Schapeler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 - 55</u>	
b. (Middle)		c. (Last)	
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>May 4 - 1880</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>75 0 5</u>	
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	
11. BIRTHPLACE (State or foreign country) <u>PRAIRIE City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Schapeler</u>		13b. MOTHER'S MAIDEN NAME <u>DRAWE Lena Schapeler</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lena Schapeler</u>		ADDRESS <u>Appleton City Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>2 day</u> <u>years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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>7 May</u> , 19 <u>55</u> , to <u>9 May</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9 May</u> , 19 <u>55</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. H. Stesler, MD.</u>		23b. ADDRESS <u>Appleton City Mo</u>	
23c. DATE SIGNED <u>10 May 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Reformed cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>PRAIRIE City Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 10, 1955</u>		REGISTRAR'S SIGNATURE <u>Chas Abney</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Queen Edgely</u>		ADDRESS <u>Appleton City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1955

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 Oscar Peddy

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.