

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25187**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 254	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger		d. STREET ADDRESS (If rural, give location) W edge of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community N. H. #1							
3. NAME OF DECEASED (Type or Print) Harvey Benjamin Schamp			a. (First) Harvey b. (Middle) Benjamin c. (Last) Schamp			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 17, 1880	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher			10b. KIND OF BUSINESS OR INDUSTRY Meat			11. BIRTHPLACE (State or foreign country) Missouri (Harrison Co.)	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Loufette Schamp		13b. MOTHER'S MAIDEN NAME Nancy Kimball		14. NAME OF HUSBAND OR WIFE Mrs. Florine Sims, Novinger, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Florine Sims, Novinger, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Bronchitis & Peripheral Vascular Arterio-Sclerosis with					
		DUE TO (c) Asaemia					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Generalized Arterio-Sclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 520 X				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) (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 June 24, 1955 , to Sept 5, 1955 , that I last saw the deceased alive on Sept 5, 1955 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Harold W. Boone (Degree or title)				23b. ADDRESS NO 9 Parkville MO.		23c. DATE SIGNED 9-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Novinger Cem.		24d. LOCATION (City, town, or county) (State) Novinger, Missouri	
DATE REC'D BY LOCAL REG. 9-7-55		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Robert K. Davis		ADDRESS Funeral Home	
				Kirksville, 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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Finksville, Md.

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.