

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37449**FILED DEC 9 1955 REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **5712** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>McDonald</b>		
b. CITY OR TOWN <b>Mountain Township</b>		c. LENGTH OF STAY (In this place) <b>Lifetime</b>		c. CITY OR TOWN <b>Jacket</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>Pea Ridge, Ark. Route 1</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bethel</b>			b. (Middle) <b>Gibson</b>		c. (Last) <b>Schell</b>	
4. DATE OF DEATH <b>Nov. 17, 1955</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Dec. 28, 1891</b>		9. AGE (In years last birthday) <b>63</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>McDonald County Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Jesse Schell</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Pendergraft</b>		
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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Virgil Schell</b>		ADDRESS <b>Pea Ridge, Arkansas</b>				
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) <b>Hypertensive heart disease with Congestive failure.</b>				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) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>443x</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <b>October 11, 1955</b> , to <b>October 17, 1955</b> , that I last saw the deceased alive on <b>October 16, 1955</b> , and that death occurred at <b>7:30 P.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <i>Stuart N. Wilson M.D.</i>		(Degree or title)		23b. ADDRESS <b>208 S. 2nd St., Rogers, Ark.</b>		
23c. DATE SIGNED <b>10-19-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/20/55</b>		
24c. NAME OF CEMETERY OR CREMATORY <b>Roller Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>McDonald County Mo.</b>				
DATE REC'D BY LOCAL REG. <b>Dec. 7, 1955</b>		REGISTRAR'S SIGNATURE <i>O. E. Plummer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ralph Miller</i>		
		ADDRESS <b>Pea Ridge Ark</b>				

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

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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.....  
Signature of Student Embalmer

Signed *Gilbert H. Hise*.....

Licensed Embalmer No. *561*

P. O. Address *Springdale,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.