

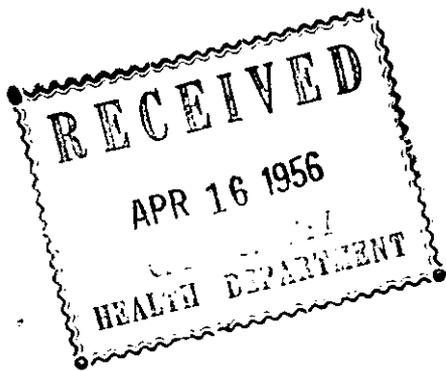
THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **12631**

FILED APR 18 1956

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4095</u>		Registrar's No. <u>570</u>	
1. PLACE OF DEATH a. COUNTY <u>CASS.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Cass.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Mo.</u>		c. LENGTH OF STAY (in this place) <u>56 yrs.</u>		c. CITY OR TOWN <u>Drexel.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital. At Home.</u>				e. STREET ADDRESS (If rural, give location) <u>Drexel, Missouri.</u> <u>0190</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BESSIE</u>		b. (Middle) <u>LAURA</u>		c. (Last) <u>SCHEIB.</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Apr. 5, 1956.</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>		8. DATE OF BIRTH <u>Oct. 16, 1885</u>	
9. AGE (in years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household Duties.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Rushville, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hardin Hainline.</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia DeVorees.</u>		14. NAME OF HUSBAND OR WIFE <u>Edward G. Scheib.</u>	
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>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. G. Scheib, Drexel, Missouri.</u>			
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>Probable Cerebral Hemorrhage-sudden death</u>				<u>5 Or 6</u> minute	
		ANTECEDENT CAUSES					
		* This does not mean the mode of dying, such as heart failure, asthenia, 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? 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)		<u>331x</u>	
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 on April 5, 19 <u>56</u> , to <u>deceased when first seen</u> , 19 <u></u> , that I last saw the deceased alive on <u></u> , 19 <u></u> , and that death occurred at <u>1:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Burns Barrow</u>				(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Drexel, Missouri.</u>	
23c. DATE SIGNED <u>4/7/56.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4/8/56.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery, Freeman, Missouri.</u>	
24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4/8/56.</u>		REGISTRAR'S SIGNATURE <u>Dora Barrow</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drexel, Mo.</u>	

(Licensed Embalmer's Stamp 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, ~~of my~~.....~~Licensed Embalmer No.~~

~~using only my personal experience.~~

Student.....~~Signature of Student Embalmer~~  
Signature of Student Embalmer

Signed.......... J.B. Hays.  
Licensed Embalmer No.....10

P. O. Address Box 101  
Drexel, Mo.

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.