

FILED JAN 10 1957

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		Length of stay in lb	d. STREET ADDRESS <u>RR #1</u>		(If outside, give location) <u>0640</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>John</u> Last <u>Scheiner</u>			4. DATE OF DEATH <u>1-3-1957</u> Month <u>1</u> Day <u>3</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/25/1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Millwright Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ralls County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Joseph Scheiner</u>			14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Baursox</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.	17. INFORMANT Address <u>Mrs. Ethel Scheiner, RR #1, Hannibal</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Leukemia</u> DUE TO (b) <u>Septicemia & nephritis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Hannibal, Marion Mo.</u>		
20g. COUNTY <u>Marion</u>			20h. STATE <u>Mo.</u>		
21. I attended the deceased from <u>12/23/56</u> , to <u>1/3/57</u> and last saw her alive on <u>1/3/57</u> Death occurred at <u>6:15 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>D. H. Watuschek M.D.</u>			22b. ADDRESS <u>Hannibal Mo.</u>		22c. DATE SIGNED <u>1/4/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/5/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Ok Near Hannibal Ralls Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Ralls Mo</u>
24. FUNERAL DIRECTOR <u>J. M. O'Donnell</u>			25. DATE RECD. BY LOCAL REG. <u>1/4/1957</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luke By St. C. Fisher</u>
24. ADDRESS <u>Hannibal, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JAN 8 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me; or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.