

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9368

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Macon County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Tazewell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon, Hudson Twp</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Deer Creek</u> <u>8120</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>Still-Hildreth Sanatorium</u> Length of stay in hospital <u>18 days</u>		d. STREET ADDRESS <u>R.R. 1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>William L Schick</u> First Middle Last			4. DATE OF DEATH <u>February 26 1957</u> Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>17 Dec. 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>small grain-farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer - self</u>	11. BIRTHPLACE (City and state or country) <u>Morton, Illinois</u>
13. FATHER'S NAME <u>Carl J. Schick</u>		14. MOTHER'S MAIDEN NAME <u>Madeline Fischer</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>336-32-3138</u>	17. INFORMANT <u>John F. Schick</u> Address <u>r1 Morton Illinois</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>Medullary failure and respiratory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Massive hemorrhage</u> DUE TO (c) <u>self-inflicted laceration of the ulna and radial arteries</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. 20 min</u> <u>immediate</u> <u>1 hr. 20 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>7 a. m. Feb. 26, 1957</u> Hour Month, Day, Year p. m.		<u>Macon Macon Missouri</u> CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	
21. I attended the deceased from <u>Feb. 8, 1957</u> to <u>Feb. 26, 1957</u> and last saw her alive on <u>Feb. 26, 1957</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Macon Macon Missouri</u>	
Death occurred at <u>8:20 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Nancy S. Steel Doz</u> (Degree of title)		22b. ADDRESS <u>Macon, Missouri</u>	22c. DATE SIGNED <u>2/26/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1 Mar 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Apostolic Christian Church</u>	23d. LOCATION (City, town, or county) (State) <u>Morton Illinois</u>
24. FUNERAL DIRECTOR <u>Homer C. Ludwig</u> ADDRESS <u>Morton, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>3/9/57</u>	26. REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 195.140 words 1949.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

County File No. 357.3  
Date Filed 3.19.57

MAR 21 1957

SEP 27 1957

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 Billy H. Binder, Student Embalmer No. 54 working under my personal supervision.

Student Billy H. Binder  
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 45

P. O. Address Maecow

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.