

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

665

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Cole.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Crocker, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 3 wks.	d. STREET ADDRESS (If outside, give location) Rural Rt. # Star.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle A. Last Scheer.			4. DATE OF DEATH Month Feb. Day 1, Year 1958		
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1891		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-employed		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Scheer.		13b. MOTHER'S MAIDEN NAME Casino Unknown	
14. NAME OF HUSBAND OR WIFE Catherine Scheer.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None.	
17. INFORMANT Catherine Scheer.		Address Crocker, Mo Rural Rt			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abnormal insufficiency - Cardiovascular Calcane Carcinoma right lung, with metastasis to adrenal, kidney and general Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) general DUE TO (c) general					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 1 yrs
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-11-58 to 2-1-58 and last saw ^{him} _{her} alive on 2-1-58 Death occurred at 1:00 ^a _p on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Rendall A. Clark, M.D.		22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 2-4-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/3/58		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
		23d. LOCATION (City, town, or county) St. Louis, Mo		(State)	
24. FUNERAL HOME AND ADDRESS Hedges Funeral Home Crocker, Mo		25. DATE RECD. BY LOCAL REG. 7 February 1958		26. REGISTRAR'S SIGNATURE R. P. Norris, M.D.	

MAY 19 1958

NOV 20 1961

DEC 1 1961

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 *Clarence E. M. S.*

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.