

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013654
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 131

S. 300
1-57

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
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 JEFFERSON CITY, MO. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1438 GREENBERRY RD Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1438 GREENBERRY RD. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last GEORGE SCHEPPERS			4. DATE OF DEATH Month Day Year APRIL 22, 1958
5. SEX Male 0	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 Feb. 9, 1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 2 Day 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Westphalia, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME August Scheppers	
13b. MOTHER'S MAIDEN NAME Elizabeth Castrop		14. NAME OF HUSBAND OR WIFE Louise Luecke	
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 Julina Scheppers Address J C Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) General arteriosclerosis	
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"/> 2
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 Jan. 10, 1958 , to April 22, 1958 and last saw ^{her} him alive on April 21, 1958 Death occurred at 1:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Oserman, M.D. (Degree or title)		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 4/23/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4/25/58		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
23d. LOCATION (City, town, or county) Jefferson City, Mo. (State)		24. FUNERAL DIRECTOR Sylvester Rulle ADDRESS J C MO.	
25. DATE RECD. BY LOCAL REG. 28 April 1958		26. REGISTRAR'S SIGNATURE R. P. Harris, M.D. MR	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Director, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Sylvester Diller*

Licensed Embalmer No. *4321*
P. O. Address *Jefferson City*

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.