

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038745
STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirksville 0013		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR XXXXXX Grim-Smith			Length of stay in lb 2 yrs		d. STREET (If outside, give location) ADDRESS 611 S. Mulanix		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALFRED Middle M. Last SCHEEL				4. DATE OF DEATH Month Nov. Day 25 Year 1958				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED		8. DATE OF BIRTH June 16 1901 57		
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY Tool & Die		11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U S		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinestt				13. FATHER'S NAME Henry Scheel				
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME Bertha Stenzel				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. 328-01-6931		17. INFORMANT Address Vera Scheel, Kirksville, 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) <u>Uremia</u>							INTERVAL BETWEEN ONSET AND DEATH 6 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____	
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"/>	
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		COUNTY		STATE	
21. I attended the deceased from July 1958 to Nov 25, 1958 and last saw her alive on Nov 25, 1958 Death occurred at 6:24a m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Milton T. Engler M.D.				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 11/25/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/28/58	23c. NAME OF CEMETERY OR REMOVAL Novinger		23d. LOCATION (City, town, or county) (State) Novinger, Adair, Mo.			
24. GENERAL DIRECTOR Vivak Foster				ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 11-26-58	26. REGISTRAR'S SIGNATURE Dana W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

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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.....
Nova E. Foster
Licensed Embalmer No. 474
Kirksville, Mo.
P. O. Address.....

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.