

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038753
STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 384

5. 300
1-57

4

All diseases in Part I must be equally related. Diseases, however, which were only secondary manifestations in their origin. No symptoms will be listed.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

GEORGE H. SCHEUER, D.O.
All diseases in Part I must be equally related.

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>La Grange</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>0560 La Grange</u>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>L</u> Last <u>Winters</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>6</u> Year <u>1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 7, 1873</u>
9. AGE (In years at birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>	11. BIRTHPLACE (City and state or country) <u>Galt, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>X</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>X</u>	17. INFORMANT <u>J. T. Winters, Chicago, Ill.</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>Acute overwhelming Toxicity</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>uremia</u>			<u>Days</u>
DUE TO (c) <u>Cerebral Thrombosis</u>			<u>332X Days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recurring Pneumonitis from Contracted Right Lung</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>7-30-58</u> to <u>Dec. 6, 1958</u> and last saw him ^{her} alive on <u>Dec. 6, 1958</u> Death occurred at <u>8:54</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George H. Scheuer, D.O.</u> (Degree or title)		22b. ADDRESS <u>Kirksville, Mo.</u>	22c. DATE SIGNED <u>12-6-58</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Quincy Illinois</u>	23d. LOCATION (City, town, or county) (State) <u>Quincy, Illinois</u>
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Kirksville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Rathff</u>

NS
SEP 8 1950

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 *Richard P. Ellis*

Licensed Embalmer No. *5036*

P. O. Address *Kirkville, Mo.*

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.