

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000695

STATE FILE NUMBER

FILED FEB 6 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 35

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.		c. CITY OR TOWN Centertown, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles Still Hospital		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM SCHEPKER			4. DATE OF DEATH Month Day Year FEB. 3, 1959	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19, 1878	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR Months Days 1 14	11. IF UNDER 24 HRS. Hours Min. 0 0
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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 county) Cole County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John H Schepker	13b. MOTHER'S MAIDEN NAME Helen Wolters	14. NAME OF HUSBAND OR WIFE Cornelia De Long
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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 Address Mrs. Raymond Just Centertown, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular fibrillation</i> DUE TO (b) <i>Circulatory Collapse</i> DUE TO (c) <i>Carcinoma Bronchus</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cirrhosis of Liver</i>		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.)
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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
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21. I attended the deceased from <i>Jan 26</i> to <i>Feb 3</i> and last saw him alive on <i>Feb 3 59</i> Death occurred at <i>11 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Regina E. Robert</i>	22b. ADDRESS <i>Jefferson City MO</i>	22c. DATE SIGNED <i>Feb 3-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>2/6/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Martins</i>	23d. LOCATION (City, town, or county) (State) <i>St. Martins, Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Sylvester Dulle</i> J. C. Mo.	25. DATE RECD. BY LOCAL REG. <i>4 February 1959</i>	26. REGISTRAR'S SIGNATURE <i>R. P. Davis, MD-MR</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

15-06175-1

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 *Sybil... ..*.....

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.