

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-810065  
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 29

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bedford</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>New Hartford</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lincoln Co. Mem.</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Arno</b> Last <b>Schaedlich</b>			4. DATE OF DEATH Month <b>March</b> Day <b>18</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-5-1894</b>	9. AGE (In years last birthday) <b>65</b>	10. FUNDER 1 YEAR Months <b>1</b> Days <b>0</b>	11. IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Stanton, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>August Schaedlich</b>	13b. MOTHER'S MAIDEN NAME <b>Ernestina Lindaer</b>	14. NAME OF HUSBAND OR WIFE <b>Irma Schaedlich</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>497-422571</b>	17. INFORMANT <b>Irma Schaedlich</b>	Address <b>New Hartford, Missouri</b>
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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) <b>Medullary Carcinoma</b> <b>Acute Myocardial Infarction</b> <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Diabetes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes</b>		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.) <b>4261</b>
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20c. TIME OF INJURY Hour <b>1:30</b> Month <b>3</b> Day <b>17</b> Year <b>1959</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>New Hartford</b>	COUNTY <b>Pike</b>	STATE <b>Missouri</b>
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21. I attended the deceased from Death occurred on <b>3:30 pm 3/17/59</b> to <b>9:30 am 3/18/59</b> and last saw her alive on <b>3/18/59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Edward August Do</b>	22b. ADDRESS <b>Provo Mo</b>	22c. DATE SIGNED <b>3/18/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-21-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Indian Creek Cemetery</b>	23d. LOCATION (City, town, or county) <b>Pike County, Missouri</b>
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24. FUNERAL DIRECTOR <b>Bankhead Funeral Chapel</b>	ADDRESS <b>Bowling Green, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>3-20-59</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>
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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.

MAR 30 1959

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 *Harold C. Link* .....

Licensed Embalmer No. *4597* .....

P. O. Address *Bowling Green* .....

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.