

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013985
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 175 Primary Registration District No. 5650 Registrar's No. 37

300
1-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spring River TNS.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Verona
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Verona, Mo. R#1		Length of over in 1b 50 yrs.	d. STREET ADDRESS (If outside, give location) Route #1
3. NAME OF DECEASED (Type or print) First Middle Last Hilma Louvisa Schelin			4. DATE OF DEATH Month Day Year 4-13 1959
5. SEX Female	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 8-1-1878
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Sweden
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Eric A. Karlberg	13b. MOTHER'S MAIDEN NAME Louvisa Hagberg
14. NAME OF HUSBAND OR WIFE Harold Schelin, Verona, Mo.		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 Harold Schelin, Verona, 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) Carcinoma head of pancreas 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) 157X	
19. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		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 <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 2-15-57 to 4-13-57 and last saw her/him alive on 4-13-57 Death occurred at 8:55 pm on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Frank R. M.D.	
22b. ADDRESS Monett, Mo.		22c. DATE SIGNED 4-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-16-1959	23c. NAME OF CEMETERY OR CREMATORY Spring River Cem.	23d. LOCATION (City, town, or county) (State) Verona, Mo.
24. FUNERAL DIRECTOR ADDRESS Mercer Funeral Home, Monett, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-1959	26. REGISTRAR'S SIGNATURE Ora Mc Nett

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Roy H. Mercer, Jr.*

Licensed Embalmer No. *4432*

P. O. Address *Monett, 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.