

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047202

FILED VS JAN 4 1961 311

4456 Registrar's No. 41

STATE FILE NUMBER

|   |   |  |  |   |  |  |
|---|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY St Clair Co  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO b. COUNTY Bates |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City   |   | Length of stay in 1b 3 days  | c. CITY OR TOWN Butler   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellett Hospital   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) 400 West Harrison  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last SIMON SCHAPELER   |   |  | 4. DATE OF DEATH Month Day Year Dec 28 1960  |   |  |  |
| 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 8/19/1891   | 9. AGE (last birthday) 69                     | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts man   |   | 10b. KIND OF BUSINESS OR INDUSTRY Int Natl. Harvester  | 11. BIRTHPLACE (City and state or country) Bates Co Mo   | 12. CITIZEN OF WHAT COUNTRY USA               |  |  |
| 13a. FATHER'S NAME F G Schapeler  |   | 13b. MOTHER'S MAIDEN NAME Catherine Kauffman   |  | 14. NAME OF HUSBAND OR WIFE Louise-(deceased) |  |  |
| 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. 496 32 6292  | 17. INFORMANT Address Ruben Schapeler-Butler Mo  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE: <b>VENTRICULAR FIBRILLATION SUDDEEN ONSET AND DEATH</b><br><b>Arteriosclerotic Heart Disease CHRONIC</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |  |   |  |  |
| 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 Month, Day, Year -a.m. -p.m.   |   |  |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 July 1958 to Dec 28 1960 and last saw him alive on Dec 28 1960.<br>Death occurred at 1:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title) R. H. Braunberger MD   |   |  | 22b. ADDRESS Appleton City Mo.   |   | 22c. DATE SIGNED   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 23b. DATE 12/30/60  | 23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery  | 23d. LOCATION (City, town, or county) Butler Missouri  |   | (State)  |  |
| 24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.  |   | 25. DATE RECD. BY LOCAL REG. Dec. 29, 1960   | 26. REGISTRAR'S SIGNATURE Olin Abney   |   |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 21 1967

NOV 29 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed John G. Andrews

Licensed Embalmer No. 358

P. O. Address Butler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
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.