

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031437

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1048

FILED SEP 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

15117

25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF *Dr. Craig H. ...*

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Joseph</u>  |   | Length of stay in 1b  | c. CITY OR TOWN <u>St. Joseph</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>2008 Jones Street</u>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>MARY</u> Middle <u>E.</u> Last <u>SCHELHAMER</u>  |   | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>25</u> Year <u>1963</u>  |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH   |
| 9. AGE (last birthday) <u>about 95</u>  |   | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HR<br>Days   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country) <u>King City, 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<br><u>John A. Schelhamer</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u>   |  |
| 17. INFORMANT<br><u>Mrs. Hazelle M. Schroers</u>  |   | Address <u>1064 N. Noyes St., Joseph, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Generalized Carcinoma</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Unknown</u>   |
| Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of the Colon</u>  |   |   | <u>Unknown</u>   |
| DUE TO (c)  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | 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?<br>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<br>Hour 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>8/6/63</u> , to <u>8/25/63</u> and last saw <u>her</u> alive on <u>8/25/63</u><br>Death occurred at <u>3:45 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE <u>Dr. W. W. ...</u> (Degree or title)   |   | 22b. ADDRESS <u>SOCIAL WELFARE BOARD</u><br><u>10th &amp; Olive, St. Joseph, Mo.</u>  | 22c. DATE SIGNED <u>8/27/63</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE <u>8-27-1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Mora Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Meierhoffer-Fleeman Funeral Home, Inc.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Sept 3, 1963</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Clark Goodell</u>   |

FEB 3 1964

Permit issued 5-27-63

**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 Albert B. Harrington

Licensed Embalmer No. 3268

P. O. Address St. Joseph, 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.