

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048752

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 5782 1-64

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

FILED JAN 15 1964

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Township</u>		c. CITY OR TOWN <u>Iberia</u>	
Length of stay in 1b. <u>9 mos.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>KATHERINE</u> Last <u>SCHEPERS</u>			4. DATE OF DEATH Month <u>December</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"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-2-86</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Elizabeth, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Otto</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Schulte</u>		14. NAME OF HUSBAND OR WIFE <u>John Schepers (dec.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Leona Bax Rt. 2 Iberia, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
DUE TO (b) <u>Arteriosclerosis generalis</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. <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 <u>  </u> a.m. / p.m. Month, Day, Year			
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 <u>  </u> STATE <u>  </u>	

21. I attended the deceased from 1952 to December 25 and last saw her alive on 12/25/63  
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.E. Humphrey D.O. 22b. ADDRESS Tuscumbia, Mo. 22c. DATE SIGNED 12/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-28-1963 23c. NAME OF CEMETERY OR CREMATORY St. Anthony Cemetery 23d. LOCATION (City, town, or county) Miller County, Mo.

24. FUNERAL DIRECTOR ADDRESS Scrivner-Stevinson Iberia, Mo. 25. DATE RECD. BY LOCAL REG. Jan-6-1964 26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300	DATE AMENDED
Rev. 4/59	
<u>0660</u>	
<u>20660</u>	
<u>3</u>	
<u>4 1</u>	
<u>5 3</u>	
<u>6</u>	
<u>7 0</u>	
<u>8 2</u>	
<u>94201</u>	
<u>10</u>	
<u>11</u>	
<u>12 90-2</u>	
<u>13 10</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

JAN 15 1964

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 Jay A. Stevenson

Licensed Embalmer No. 5201

P. O. Address Theria, 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.