

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5719**

BIRTH **FILED MAR 11 1954** REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana 0821	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) South D. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print) FRANK		a. (First) FRANK	b. (Middle) GOETTFRIED	c. (Last) SCHEFFEL	4. DATE OF DEATH (Month) (Day) (Year) FEB. 27, 1954	
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 22, 1876	9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Retired Butcher		11. BIRTHPLACE (City and State or Foreign Country) Brighton, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Charles W. Scheffel	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Anna Scheffel
---	--	--

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. 329-10-0261	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Scheffel, Louisiana, Mo.	ADDRESS
--	--	--	----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic lymphatic leukemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2040	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	-----------------------------------

22. I hereby certify that I attended the deceased from 9-23, 1952, to 2-27, 1954, that I last saw the deceased alive on 2-26, 1954, and that death occurred at 1250 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Lueder	(Degree or title) D. M. D.	23b. ADDRESS Louisiana Missouri	23c. DATE SIGNED 2-27-54
---	-----------------------------------	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/1/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) Mt. Olive, Illinois
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG March 1, 1954	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	ADDRESS
--	--	---	----------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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
Student Embalmer

Signed Virginia M. Steene

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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 this body is not embalmed, fact should be so stated above.