

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35253

State File No.

FILED OCT 26 1953

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>80 yrs</u>	d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If deceased in hospital or institution) <u>Hicham Nursing Home, Cape</u>		e. STREET ADDRESS (If rural, give location) <u>127 S Blvd</u> <u>0104</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lola</u> b. (Middle) <u>Schepelman</u> c. (Last) <u>Schepelman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 15 1873</u>
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR <u>3</u> Months <u>29</u> Days <u>1</u> Hour <u>1</u> Min.	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>Henry (Deceased)</u>	
13a. FATHER'S NAME <u>Lorenzo Freemire</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McClard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wm Regenhardt</u>		ADDRESS <u>Mt. Vernon, Ill</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebrovascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> 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	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Oct 5 1953</u> to <u>14 Oct 1953</u> , that I last saw the deceased alive on <u>14 Oct 1953</u> , and that death occurred at <u>10:00 a.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Print or Title) <u>Robert L. Howell</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>23 Oct 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 16 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe H. Howell</u> ADDRESS <u>Cape Gir Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-23-53</u>		REGISTRAR'S SIGNATURE <u>P. C. Summers</u> <u>44-0</u>	

(Licensed Embalmer's Statement on Reverse Side)

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