

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4355

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove, Twp.</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Pilot Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>6210 Rural-Pilot Grove, TWP.</u>	
		d. STREET ADDRESS (If rural, give location) <u>near Pilot Grove.</u>	
3. NAME OF DECEASED (Type or Print) <u>PHILOMENA - - - - -</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6-1950</u>	
a. (First) _____ b. (Middle) _____ c. (Last) <u>SCHDEN</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>		8. DATE OF BIRTH <u>Mar-28-1867</u>	
9. AGE (In years) <u>82-10-8</u>		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>U S A MOO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Theodore Koster</u>		13b. MOTHER'S MAIDEN NAME <u>Ernestine Koster</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased.</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 NUMBER <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rudolph Schenck</u>		ADDRESS <u>Pilot Grove Mo</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>Cerebral Hemorrhage, large</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Hypertension</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>JANUARY 25, 1950</u> , to <u>Feb 6, 1950</u> , that I last saw the deceased alive on <u>JANUARY 25, 1950</u> , and that death occurred at <u>7:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E.T. Humphreys M.D.</u>		23b. ADDRESS <u>Cooneyville, Missouri</u>	
23c. DATE SIGNED <u>2/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb-8-1950</u>	
24c. NAME OF CEMETERY OR CREMATORIUM <u>St. Johns</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper Mo</u>	
DATE REC'D BY LOCAL RES. <u>Feb 9-1950</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Gantner</u>		ADDRESS <u>Pilot Grove Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

270
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RECEIVED

FEB 13

District Health Officer No. 8,

District File Number.....

Date Filed 2-24-50

STATEMENT BY LICENSED EMBALMER

Myself

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 *Rayton Coffey*

Licensed Embalmer No. 3074

P. O. Address *First Grove*

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.