

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4466

State File No.

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5441 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek</u>		c. LENGTH OF STAY (In this place) <u>54 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Owensville, Mo. Route</u>			d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. Route</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernstina</u> b. (Middle) <u>Schalk</u> c. (Last) <u>Schalk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1950</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-29-1867</u>		9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	11. BIRTHPLACE (State or foreign country) <u>Drake, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ernst Krone</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Whitlock</u>		14. NAME OF HUSBAND OR WIFE <u>Gustave Schalk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>***</u>		17. INFORMANT'S SIGNATURE OR NAME <u>August Schalk</u> ADDRESS <u>Owensville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vascular Disease</u> DUE TO (c) <u>Sensibility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
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) m.		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>Clet</u> , 19 <u>48</u> , to <u>Jan 31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>50</u> , and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>A. M. Keller M.D.</u>			23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>2-2-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woollam Ev. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo. Route</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Harold Lackman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford H. Smith</u> ADDRESS <u>OWENSVILLE</u>	

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

0376
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31

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J

447X

NO

M.D.

Mo.

OWENSVILLE

RECEIVED
FEB 12 1950
District Health Officer No. 9,
District File Number

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 Me

Student Embalmer No.

working under my personal supervision.

Signed Merford H. H. Winters

Signed
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.