

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9610**
Registrar's No. **6**

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5756		State File No. 9610		Registrar's No. 6					
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Jefferson twship				c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Jefferson Township							
d. FULL NAME OF HOSPITAL OR INSTITUTION at family home				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Alta			c. (Last) Schaning			4. DATE OF DEATH (Month) (Day) (Year) March 12 1950				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 25-1906		9. AGE (In years, last birthday) 43		IF UNDER 1 YEAR Months 5 Days 8		IF UNDER 24 HRS. Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Andrew Shanks				13b. MOTHER'S MAIDEN NAME Elizabeth Crum				14. NAME OF HUSBAND OR WIFE Louis Schaning					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Louis Schaning				ADDRESS Belle, Mo. B.R.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt. Hemiplegia Due To Cerebral Hemorrhage ANTECEDENT CAUSES On Hypertensive Basis Morbidity 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.								INTERVAL BETWEEN ONSET AND DEATH 3 3/4			
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 3-9 1950 , to 3-12 1950 , that I last saw the deceased alive on 3-11 1950 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE Paul A. Brennan, M.D. (Degree or title)						23b. ADDRESS Onionsville, Mo.			23c. DATE SIGNED 3-14-50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/50		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery				24d. LOCATION (City, town, or county) (State) Maries County, Missouri					
DATE REC'D BY LOCAL REG. 3-17-50		REGISTRAR'S SIGNATURE Pauline Howard				1950 GENERAL DIRECTOR'S SIGNATURE Pauline Howard				ADDRESS Funeral Service-Bland			

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

5630
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RECEIVED MAR 27 1960
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chester Susman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.