

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

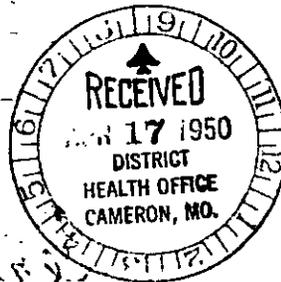
State File No. 16409

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 8449 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN King City R.R.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City R.R. 0380	
c. LENGTH OF STAY (In this place) All life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm home			
3. NAME OF DECEASED a. (First) Mary b. (Middle) Elizabeth c. (Last) Schottel			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 28, 1878
9. AGE (In years last birthday) 71		10. MONTH (Day) (Hour) (Min.) 7 14	11. BIRTHPLACE (State or foreign country) Gentry Co Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. S. Cook		13b. MOTHER'S MAIDEN NAME Sarah Jane Camp	14. NAME OF HUSBAND OR WIFE Fred Schottel
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Schottel King City Mo. R.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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week	
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. Arterio sclerosis 931X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1948 to 4.11, 1950, that I last saw the deceased alive on 4.11, 1950, and that death occurred at 5:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Zack Mines, D.O.		23b. ADDRESS King City Mo.	23c. DATE SIGNED 4.12.1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4.13.1950	24c. NAME OF CEMETERY OR CREMATORY Star Chapel	24d. LOCATION (City, town, or county) (State) King City Mo. R.R.
DATE REC'D BY LOCAL REG. April 16 - 1960	REGISTRAR'S SIGNATURE Mrs. Edith Leilder	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. G. Wagart King City Mo.	

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

0380



*Handwritten signature in Arabic script*

**STATEMENT BY LICENSED EMBALMER**

*Handwritten signature in Arabic script*

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 *R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City 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.