

FILED JUL 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24226

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

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5919 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lithium Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lithium Mo.</u> <u>0790</u>	
c. LENGTH OF STAY (Specify place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>Schuessler</u>	
		c. (Last) <u>Dippold</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1950</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>April 17 1896</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Jacob ILL.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin Schuessler</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Palisch</u>	
14. NAME OF HUSBAND OR WIFE <u>Ernst Dippold (Deca).</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 NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Alfred B. Shuessler 4852 Potomac St Louis, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Strangulation</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 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.			
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lithium Perry Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-1-1950 3A</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By Rope Hanging</u>	
22. I hereby certify that I attended the deceased from <u>Coroner of Perry County, Mo.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 1, 1950</u> , and that death occurred at <u>Mo.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm W. Dickson</u> (Degree or title) Coroner of Perry County, Mo.		23b. ADDRESS <u>Templeville Mo</u>	
23c. DATE SIGNED <u>7/3/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 5-1950</u>		REGISTRAR'S SIGNATURE <u>Joe J. Gollner</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo.</u>		ADDRESS <u>Perryville Mo.</u>	

JUL 17 1951

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RECEIVED JUL 17 1951
District Health Office No. _____
District File Number _____
Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville, Pa.*

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.