

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

662

State File No.

BIRTH NO. 9 REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 2

0280

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon BOONE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon BOONE</u>	
c. LENGTH OF STAY (in this place) <u>44 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>HENRIETTA</u> b. (Middle) <u>ELINA</u> c. (Last) <u>SCHALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Jan 18, 1875</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House</u>	11. BIRTHPLACE (State or foreign country) <u>Monticene County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christian Gintz</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Newbold</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Sullivan</u>
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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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Caroline Land</u>	18. ADDRESS <u>310 Commercial St. Bourbon Mo 64222</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		<u>normal</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>intestinal Hemorrhage</u> DUE TO (c) <u>cause unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>42.2%</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 11, 1951, to Jan 15, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 11:45 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.P. Royse M.D.</u>	23b. ADDRESS <u>Sullivan Mo</u>	23c. DATE SIGNED <u>Jan 15 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan 19-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bourbon Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-18-51</u>	REGISTRAR'S SIGNATURE <u>B. Long</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u>	ADDRESS <u>Cuba, Mo.</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 20 1951
RECEIVED

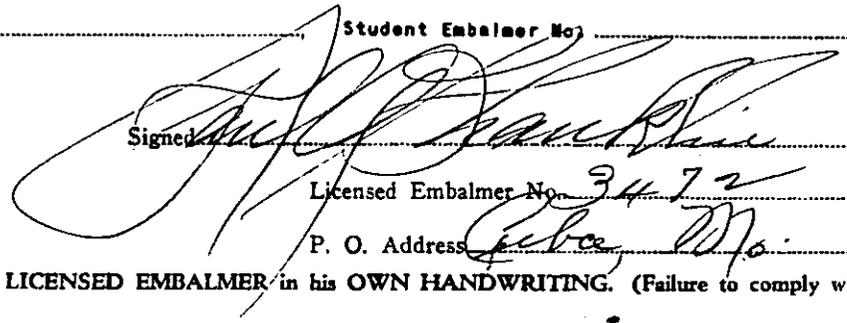
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Student Embalmer No. _____

Signed  _____

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.