

FILED APR 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7948

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 1373 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity - Camden Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity - Camden Twp.	
c. LENGTH OF STAY (in this place) 10 Yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home In Amity			

3. NAME OF DECEASED (Type or Print) Kathryn	a. (First)	b. (Middle) M	c. (Last) Shindler	4. DATE OF DEATH 3 (Month), 2 (Day), 51 (Year)
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 12-23-1880	9. AGE (In years last birthday) 70	10. IF UNDER 1 YEAR Months 2	11. IF UNDER 24 HRS. Hour 28	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Canada	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Hiram Shindler	13b. MOTHER'S MAIDEN NAME Jane Clark	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bill Pulley	ADDRESS Mayville Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Pneumonia & Postoperative Sclerosis		
	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 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) m.	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 10/4 to 3/21, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at 3 a.m., from the causes and on the date stated above.

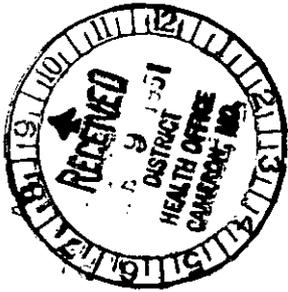
23a. SIGNATURE Gerald Fowler (Degree or title)	23b. ADDRESS Rte. 1, Mayville, Mo	23c. DATE SIGNED 3/22/51
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 3-22-51	24c. NAME OF CEMETERY OR CREMATORY Amity	24d. LOCATION (City, town, or county) (State) Amity Mo
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DATE REC'D BY LOCAL REG. 4-5-51	REGISTRAR'S SIGNATURE Roscoe Davidson	25. FUNERAL DIRECTOR'S SIGNATURE John Brown	ADDRESS Mayville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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



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 John Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 9933

P. O. Address Weymouth, 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.