

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7893

State File No. _____

FILED MAR 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>99</u>	PRIMARY REG. DIST. NO. <u>4111</u>	Registrar's No. <u>15</u>
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksdale</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksdale, 13211</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home In town</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry KRASHIAK Fredrich</u> b. (Middle) <u>Schottel</u> c. (Last) <u>Schottel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 14 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 30, 1884</u>	9. AGE (In years last birthday) <u>67</u> / UNDER 1 YEAR <u>5</u> Months <u>14</u> Days / UNDER 1 MTH. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gas Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Filling Station</u>	11. BIRTHPLACE (State or foreign country) <u>Mo,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Henry Schottel</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Krull</u>		14. NAME OF HUSBAND OR WIFE <u>Settie Schottel</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Settie Schottel Clarksdale Mo,</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> 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 <u>4222</u>			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) _____	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 <u>June 1950</u> , to <u>March 14, 1952</u> , that I last saw the deceased alive on <u>March 14, 1952</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. J. Quincy, M.D.</u> (Degree or title)		23b. ADDRESS <u>Stewartsville, Mo.</u>		23c. DATE SIGNED <u>3-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale</u>	24d. LOCATION (City, town, or county) (State) <u>Clark-ssdale Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-20-52</u>	REGISTRAR'S SIGNATURE <u>Robert Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Maysville Mo</u>

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

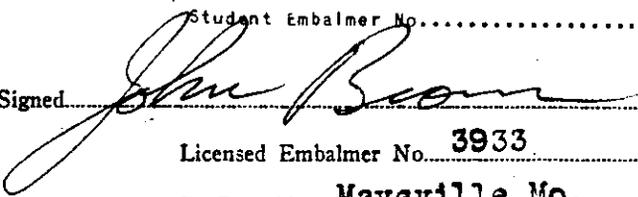
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STATEMENT BY LICENSED EMBALMER

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.

Signed.....
Student Embalmer

Signed 
Student Embalmer No.
Licensed Embalmer No. 3933
P. O. Address Maysville 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.