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S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12547

State File No.

FILED MAY 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u> <u>0360</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>LAURA</u> c. (Last) <u>SCHLIPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-28-52</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 5, 1884</u>		9. AGE (In years last birthday) <u>68</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>ST. LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME <u>WILLIAM ROHLE</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE VOHNARA</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM SCHLIPP</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Schlipp New Haven, Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic cancer of brain</u>		DUE TO (b) <u>Carcinoma of left breast</u>		<u>2 years</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <u>✓</u>		<u>3 years</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Diabetes mellitus</u> <u>170X</u>			

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) _____		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 October, 1947, to 4/27, 1952, that I last saw the deceased alive on 4/27, 1952, and that death occurred at 3:50A on, from the causes and on the date stated above.

23a. SIGNATURE <u>B. O. Cissmann</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>New Haven, Missouri</u>		23c. DATE SIGNED <u>4/28/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC CEM NEW HAVEN MO</u>	
24d. LOCATION (City, town, or county) (State) <u>New Haven Mo</u>		24e. _____		24f. _____	

DATE REC'D BY LOCAL REG. <u>Apr. 28th 1952</u>		REGISTRAR'S SIGNATURE <u>Jessie W. Grausemann</u> <u>4750</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Selby & Son New Haven Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1952

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Carl C. Hertig

Licensed Embalmer No. 13385

P. O. Address New Haven MD

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.