

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24008**

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **70**

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

1. PLACE OF DEATH a. COUNTY Cooper Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jamestown, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hass Nursing Home		d. STREET ADDRESS (If rural, give location) Jamestown, Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) Carrie	b. (Middle) Schulze	c. (Last) Hevssel	4. DATE OF DEATH (Month) (Day) (Year) 7/22/52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 28 1856	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 7 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Evensville Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Schulze	13b. MOTHER'S MAIDEN NAME UnKnown	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME C. D. Hevssel	ADDRESS California
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis,		
	DUE TO (c) Hypertension.		
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 331X	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)	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 **July 1, 1952** to **July 22, 1952**, that I last saw the deceased alive on **July 22, 1952** and that death occurred at **9 P** m., from the causes and on the date stated above.

23a. SIGNATURE Alexander R. Ravenhill M.D.	(Degree or title)	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED July 24 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/24/52	24c. NAME OF CEMETERY OR CREMATORY Grace M.E. Cemetery	24d. LOCATION (City, town, or county) (State) Jamestown, Mo
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DATE REC'D BY LOCAL REG. 7-24-52	REGISTRAR'S SIGNATURE D. Hooper	FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin	ADDRESS California, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Earl Bomlin

Signed.....
Student Embalmer

Licensed Embalmer No. *2126*

P. O. Address *California*

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.