

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 28 1952

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Wade County <u>0740</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Atchison <u>0030</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) Burlington Junction		c. CITY (If outside corporate limits, write RURAL and give township) Rural. Clay Twsp. <u>1</u>	
c. LENGTH OF STAY (In this place) 6 mo.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle)	c. (Last) Schierkolk	4. DATE OF DEATH (Month) (Day) (Year) 7/20/1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/25/1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 25	IF UNDER 1 MRS. Hours 25 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Atchison Co. Mo., <u>0</u>	12. CITIZEN OF WHAT COUNTRY? Am.
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13a. FATHER'S NAME Ben Bowers	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frank
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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 Chester Schierkolk, ADDRESS Rockport, 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, 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) Manic depressive psychosis		2 Years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senility		2 1/2 Yrs.
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 3010	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 9/31 1950, to 7/20 1952, that I last saw the deceased alive on 7/20 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.A. Reuther	23b. ADDRESS D. Rockport, Mo.	23c. DATE SIGNED 7/21/52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/24/1952	24c. NAME OF CEMETERY OR CREMATORY Hunter Cem.	24d. LOCATION (City, town, or county) (State) Rockport, Mo.,
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DATE REC'D BY LOCAL REG. 7-26-52	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary, ADDRESS Rockport, Mo.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 1 1953

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 _____

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Geoff Barthelme*.....

Licensed Embalmer No. 3173.....

P. O. Address *Rockport, 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.