

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32460**

FILED OCT 3 1952

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **79**

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville 0791	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 1145 W. St. Joseph St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1145 W. St. Joseph St.			

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Schrumpf c. (Last) Schrumpf			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 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 March 17, 1874		9. AGE (in years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Cape Girardeau Co., Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James Ross			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Henry Charles Schrumpf		
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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 Henry A. Schrumpf		ADDRESS Perryville, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		Coronary Occlusion						Sudden	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) Coronary Heart Disease							
		DUE TO (c)						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						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) (Min.)				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 **Sept 17, 1952**, to **Sept 18, 1952**, that I last saw the deceased alive on **Sept 17, 1952**, and that death occurred at **4 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Carron, MD		23b. ADDRESS Perryville Mo		23c. DATE SIGNED 9-19-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20, 1952		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri	
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DATE REC'D BY LOCAL REG. Sept 20-52		REGISTRAR'S SIGNATURE Joseph Jellinec 250		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons		ADDRESS Perryville Mo	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Walter Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville, 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.