

No. 300
10-45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2370**

FILED JAN 19 1953
77963

BIRTH NO. **77963** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **10**

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Maryville b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural 0740 | |
| c. LENGTH OF STAY (in this place) 5 min. | | d. STREET ADDRESS (If rural, give location) 5 miles northeast | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ESTHER b. (Middle) LEE c. (Last) SCHIMMING | | | 4. DATE OF DEATH (Month) (Day) (Year) 1 12 53 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH 11/24/52 | 9. AGE (In years last birthday) 0 | IF UNDER 1 YEAR Days 18 | IF UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (State or foreign country) Maryville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Verno F. Schimming | 13b. MOTHER'S MAIDEN NAME Celia Mires | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Verno Schimming ADDRESS Maryville, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 30 min |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) tracheal obstruction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) vomiting of milk DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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) |
| 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? |

22. I hereby certify that I attended the deceased from **1-12, 1953** to **Jan. 12, 1953**, that I last saw the deceased alive on **Dec, 1952**, and that death occurred at **5:45P m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE H. Bauman (Degree or title) M. D. | 23b. ADDRESS Maryville, Missouri | 23c. DATE SIGNED 1/14/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 1/14/53 | 24c. NAME OF CEMETERY OR CREMATORY Miriam | 24d. LOCATION (City, town, or county) (State) Maryville, Missouri |
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| DATE REC'D BY LOCAL REG. 1-17-53 | REGISTRAR'S SIGNATURE Bess Holt | 25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS Maryville, Mo. |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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

John W. Price

Licensed Embalmer No. *4281*

P. O. Address

Maryville 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.