

No. 300  
10.40

APR 7 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13052  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Permon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Leap</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield 0396</u>	
c. LENGTH OF STAY (in this place) <u>30-9-19</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>			

3. NAME OF DECEASED (First) <u>Dellie</u> (Middle) <u>Ellen</u> (Last) <u>Schuder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-4-1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Sept 17-1879</u>
9. AGE (In years last birthday) <u>73</u> If UNDER 1 YEAR: Months <u>5</u> Days <u>15</u> If UNDER 1 mo. Hours _____ Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Clerk</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Canada</u>	
11a. FATHER'S NAME <u>Henry Marshall</u>		12. CITIZEN OF WHAT COUNTRY? <u>Can.</u>	
13a. MOTHER'S MAIDEN NAME <u>Mary Jane Sifton</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harst. Records Nevada</u>	
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.		19. INTERVAL BETWEEN ONSET AND DEATH <u>no</u>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocarditis (acute failure)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile - psychosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21f. HOW DID INJURY OCCUR
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Aug 1-50, 1950, to Mar 4, 1953, that I last saw the deceased alive on Mar 3, 1953, and that death occurred at 7:00 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Shroat</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Nevada</u>	23c. DATE SIGNED <u>Mar 4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hospital Cemetery Nevada, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-3-53</u>	REGISTRAR'S SIGNATURE <u>Anna E. Fryer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgington &amp; Ferguson</u>	ADDRESS <u>Nevada, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

080  
2

**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 Percy F. Melster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.