

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36544

State File No. _____

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ewing, Rural Grove Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ewing, Mo Rural Grove Township</u>	
c. LENGTH OF STAY (in this place) <u>2 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>Lorine</u> c. (Last) <u>SCHALLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 1 - 1903</u>	9. AGE (in years last birthday) <u>50.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 100 Hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Verd. Sewell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sewell</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Schaller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Schaller</u>	
				ADDRESS <u>Ewing, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio insufficiency</u>		DUE TO (b) <u>Rheumatic fever</u>				
ANTECEDENT CAUSES		DUE TO (c)				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
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 <u>4011</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 Oct, 1953, to 5 Nov, 1953, that I last saw the deceased alive on 5 Nov, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wyatt Hamlin M.D.</u>		(Degree or title)		23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>6 Nov 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Marion Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-6-53</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luchs</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>		ADDRESS <u>Ewing Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

440

RECEIVED

NOV 12 1953

MISSOURI CO. HEALTH DEPT.

FILED NOV 12 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.

Student
Student Embalmer

Signed

Thomas Ball

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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.