

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42285

State File No. ....

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (If in this place) <u>13 days</u>		c. CITY OR TOWN <u>Rural Kelso Twp 7000</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile S of Illmo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10, 1953</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u>		b. (Middle) <u>OLEAN</u>		c. (Last) <u>SCHIWITZ</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>June 7, 1902</u>	
9. AGE (In years last birthday) <u>51</u>		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) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>KELSO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK BRENNERKE</u>			13b. MOTHER'S MAIDEN NAME <u>LENA GLASSER</u>			14. NAME OF HUSBAND OR WIFE <u>Robert Schiwitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Schiwitz</u> ADDRESS <u>Illmo, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>584 X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pancreatitis chronic severe cholelithiasis chronic with cholelithiasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
19a. DATE OF OPERATION <u>3 Dec 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pancreatitis cholelithiasis cholelithiasis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) _____		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 <u>Nov 28, 1953</u> , to <u>10 Dec, 1953</u> that I last saw the deceased alive on <u>10 Dec, 1953</u> , and that death occurred at <u>6:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh V. Ashley, M.D.</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>12 Dec 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-14-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hopling Huff Funeral Home</u> ADDRESS <u>Illmo, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 0 1957

SEP 6 1957

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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 \_\_\_\_\_

*Oliver Clum*

Licensed Embalmer No. \_\_\_\_\_

4470

P. O. Address \_\_\_\_\_

*Illmo, 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.