

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7861**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **363** PRIMARY REG. DIST. NO. **6336** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harrette</b>	c. LENGTH OF STAY (in this place) <b>2 1/2 months</b>	c. CITY OR TOWN <b>Dutzow</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile East Dutzow, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>None</b>	<b>1090</b>

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emma</b>	b. (Middle)	c. (Last) <b>Schopp</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 21, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>September 30, 1875</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dutzow, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>August Dieckhaus</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Lange</b>	14. NAME OF HUSBAND OR WIFE <b>John Schopp</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Aloys Ballmann, Marthasville, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis &amp; cerebral hemorrhage</b>		<b>20 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b> DUE TO (c) <b>arteriosclerosis of the arteries</b>		<b>25 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis of the arteries</b>			<b>20 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **Sept 10, 1925** to **Feb 21, 1956**, that I last saw the deceased alive on **Feb 21, 1956**, and that death occurred at **11:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mrs. Aloys Ballmann</b>	23b. ADDRESS <b>Marthasville, Mo.</b>	23c. DATE SIGNED <b>2-23-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/24/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Vincents Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dutzow, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-28-56</b>	REGISTRAR'S SIGNATURE <b>Edythe A. Bridges</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard H. Sullender</b>	ADDRESS <b>Marthasville, Mo.</b>
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WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *Richard F. Sutherland*

Licensed Embalmer No. 4878

P. O. Address Marthasville..

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.