

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12472**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 482	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL, WASHINGTON TWP		c. LENGTH OF STAY (In this place) 25 Yrs		c. CITY OR TOWN Industrial City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elm St. Industrial City				e. STREET ADDRESS (If rural, give location) Elm St.			
3. NAME OF DECEASED a. (First) Kate			b. (Middle) _____		c. (Last) Schiltz		4. DATE OF DEATH (Month) (Day) (Year) Apr. 26, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6, 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Amazonia, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Sayles			13b. MOTHER'S MAIDEN NAME Mary Maxwell		14. NAME OF HUSBAND OR WIFE Nicholas J. Schiltz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS N.J. Schiltz Elm St. Industrial City			
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) Sigmoid carcinoma or abscess						INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diverticulosis						II
	DUE TO (c) constipation						II
	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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
		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 4-15 , 19 56 , to 4-26 , 19 56 , that I last saw the deceased alive on 4-25 , 19 56 , and that death occurred at 12:05a m., from the causes and on the date stated above.							
23a. SIGNATURE W.E. Pinner M.D. (Degree or title) <input checked="" type="checkbox"/>				23b. ADDRESS 423 Main St, City		23c. DATE SIGNED 4-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 26, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. May 3, 1956		REGISTRAR'S SIGNATURE Cathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Eidenfuden		ADDRESS St. Joseph Mo	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Robert H. Gape
Licensed Embalmer No. 3308

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.