

Health, Welfare, Public Service

300 -56

1. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 26 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4270

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leslie, Missouri		c. CITY OR TOWN Leslie, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or print) First Middle Last THERESA B. SCHATZLER			4. DATE OF DEATH Month Day Year Feb. 19, 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1894	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days 7 26	IF UNDER 24 HRS. Hours Min. /
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Hacker, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Nick Wolfe	14. MOTHER'S MAIDEN NAME Molly Gray
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Joseph Schatzler, Leslie, Missouri
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Diabetes Mellitus DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Essential Hypertension 260 X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 5:30 to Feb 19, 57 and last saw her alive on 2-5-57 Death occurred at 12:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Schatzler	22b. ADDRESS Hacker	22c. DATE SIGNED 2-20-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Holy Family Church	23d. LOCATION (City, town, or county) (State) Port Hudson, Missouri
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24. FUNERAL DIRECTOR Ernest L. Dittmann	25. DATE RECD. BY LOCAL REG. Feb 20-1957	26. REGISTRAR'S SIGNATURE John Charles Finley
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(Licensed Embalmer's Statement on Reverse Side)

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..... *Eusebio S. Oltmans*

Licensed Embalmer No. *40*

P. O. Address *Isabel, I.*

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.