

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7975

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 70 Primary Registration District No. 4125 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLARK</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>REVERE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>REVERE, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1</u>			Length of stay in lb <u>17 YRS.</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>GERTRUDE</u>				First <u>A.</u> Middle <u>Schee</u> Last		4. DATE OF DEATH Month <u>3</u> Day <u>27</u> Year <u>57</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1908</u> <u>6-1-08</u>		9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u> Hours <u></u> Min. <u></u>	
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 country) <u>Bridgeton, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>James C. Monks</u>				14. MOTHER'S MAIDEN NAME <u>Celloma Belle Starr</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Carl Schee - Revere, Mo</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>High blood pressure</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Pituitary tumor</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>months</u>		
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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20c. TIME OF INJURY: Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			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		
21. I attended the deceased from <u>May 27, 1957</u> to <u>May 27, 1957</u> and last saw her/him alive on <u>May 27, 1957</u> Death occurred at <u>2:25 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deponent title) <u>Perry S. Bolton, Do.</u>				22b. ADDRESS <u>Kahoka, Mo</u>			22c. DATE SIGNED <u>3-28-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-30-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ANSON Mo. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>CLARK County, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Olisk. Gutting - Kahoka, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4-1-57</u>		26. REGISTRAR'S SIGNATURE <u>CR Bridges</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 John Bolin, Student Embalmer No. 54  
working under my personal supervision.

Student John Bolin  
Signature of Student Embalmer

Signed Olis R. Yettling  
Licensed Embalmer No. 290

P. O. Address Kaloka, 7

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.