

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 027376  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 5002 Registrar's No. 284

300  
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Novinger, Liberty Twp</b>		c. CITY OR TOWN <b>Novinger</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>at Home</b>		d. STREET ADDRESS <b>Rt. 1, Liberty Twp</b>	
3. NAME OF DECEASED (Type or print) <b>Bertha Dee Schillie</b>		4. DATE OF DEATH <b>Aug. 8, 1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 28, 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years last birthday) <b>55</b>
11. BIRTHPLACE (City and state or country) <b>Ellis County, Okla</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>William Carnagey</b>		14. MOTHER'S MAIDEN NAME <b>Mary Jane Daniels</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Henry Schillie, Novinger, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sepsis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Inanition and Debilitation</b> DUE TO (c) <b>Acute Leukemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>HOURS</b>  <b>Months</b>  <b>Years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? <b>2043</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour <b>4:33</b> Month <b>8</b> Day <b>8</b> Year <b>57</b> 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
21. I attended the deceased from <b>8-8-57</b> to <b>8-8-57</b> and last saw her <b>alive</b> on <b>8-8-57</b> Death occurred at <b>4:33 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Lyle D. Parlin, D.O.</b>		22b. ADDRESS <b>Kirksville, Mo.</b>	22c. DATE SIGNED <b>8-9-57</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/11/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Baden Springs Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Adair County, Mo.</b>
24. FUNERAL DIRECTOR <b>Paul M. Riley</b> ADDRESS <b>Kirksville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-10-1957</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>

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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.....  
Signature of Student Embalmer

Signed.....  
*Kenneth E. Hage*

Licensed Embalmer No. *789*

P. O. Address *Keokuk, Ia.*

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.