

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31238

STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY, MO.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JEFFERSON CITY</u>			Inside Limits <u>0264</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARYS Hospital</u>				Length of stay in lb <u>2 Days</u>		d. STREET ADDRESS (If outside, give location) <u>727 St. Marys</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) - <u>AUGUSTA</u>				First <u>SCHRIMPF</u>		Last <u>SCHRIMPF</u>		4. DATE OF DEATH Month <u>SEPT.</u> Day <u>29</u> Year <u>1957</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>Oct. 4, 1897</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. 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>St. Thomas, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>AUGUST GRAFE</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH LEUTHEN</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. <u>NONE</u>		17. INFORMANT <u>LAWRENCE SCHRIMPF</u> Address <u>J. C. 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>Fracture of left hip (Comminuted)</u> <u>Cerebrovascular disease (Arteriosclerosis)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>10 years</u> DUE TO (c) <u></u>								INTERVAL BETWEEN ONSET AND DEATH <u>25</u> days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9030</u>								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>Slipped on floor at home</u>						
20c. TIME OF INJURY Hour <u>4 p.m.</u> Month <u>9</u> Day <u>27</u> Year <u>'57</u>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>						
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Cole. Mo.</u>		COUNTY <u></u> STATE <u></u>			20g. TIME OF DEATH <u>121</u>	
21. I attended the deceased from <u>9-25-57</u> to <u>9-29-57</u> and last saw her <u>alive</u> on <u>9-27-57</u> Death occurred at <u>10:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>John W. McHenry</u> (Degree or title): <u>MD</u>				22b. ADDRESS <u>Jefferson City, Mo.</u>				22c. DATE SIGNED <u>10/1/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>			23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>			
24. FUNERAL DIRECTOR <u>Sylvester Dulle</u> ADDRESS <u>J C MO.</u>				25. DATE RECD. BY LOCAL REG. <u>4 October 1957</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Harris MD-MR</u>			

MS
FEB 17 1957

NOV 22 1957

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
Sydney D. Diller

Licensed Embalmer No. 43

P. O. Address *Jefferson*

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.