

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017405

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 510

300
1-57

2

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #2		Length of stay in 1b most of life	d. STREET ADDRESS (If outside, give location) 1014 S. 12th St.
3. NAME OF DECEASED (Type or print) First Middle Last Minnie Schuell		4. DATE OF DEATH Month Day Year May 11, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY OWN home	9. AGE (In years last birthday) 85
11a. FATHER'S NAME John Schuell		11b. MOTHER'S MAIDEN NAME Wilmenia Adams	9. AGE (In years last birthday) 85
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 Address Mrs. Olinda Rockwell, 3007 Jule, St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute brocho pneumonia			INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intertrochanteric fracture DUE TO (c) Senility and General debility			April 25-58 9637 44
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) on April 25, 1958, on Park Ward 16, fell on floor fractured left hip			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Fell on floor at hospital		
20c. TIME OF INJURY Hour Month, Day, Year a.m. April 25 p.m. 1958	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital		20f. CITY, TOWN, OR LOCATION COUNTY 13 STATE Buchanan Mo.	
21. I attended the deceased from May 11, 1958 to May 11, 1958 and last saw her alive on May 11, 1958 Death occurred at 6:20p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H F Mundy M.D.		22b. ADDRESS St Joseph Mo	22c. DATE SIGNED May 11-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/14/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Heaton - Bournen		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. May 12, 1958
26. REGISTRAR'S SIGNATURE Wesley Clark Goodell			

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 *William J. ...*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St*

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.

Emmrod