

Health,
& Welfare
Public
Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028081
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 1 Primary Registration District No. 5002 Registrar's No. 262

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novinger, Liberty Twp | | c. CITY OR TOWN Novinger, R. F. D 0010 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME INSTITUTION | | d. STREET ADDRESS (If outside, give location) F. D Liberty Twp Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Alice Middle Last Schillie | | | 4. DATE OF DEATH Month Aug. Day 19, Year 1958 | | |
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| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 9, 1876 | 9. AGE (In years at birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. | 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) Home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and state or country) Adair County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
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| 13a. FATHER'S NAME Christopher Eitel | | 13b. MOTHER'S MAIDEN NAME Catherine Etchel | | 14. NAME OF HUSBAND OR WIFE Lewis Schillie | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) X | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT Address Mrs. Clifford Sanford, Novinger, Mo. | |
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| 18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Enlargement of Heart | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5 yrs |
| DUE TO (b) Asthma - Bronchial | | | |
| DUE TO (c) 241X | | | |
| 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

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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. | | | | | |
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| 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 Jan - 1950 to Aug 19 - 1958 and last saw her alive on Aug 11 - 1958 Death occurred at 4:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
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| 22a. SIGNATURE (Degree or title) A. Garrison M.D. | | | 22b. ADDRESS Novinger, Mo. | | 22c. DATE SIGNED 8/20/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8/21/58 | 23c. NAME OF CEMETERY OR CREMATORY Pratt Cemetery | | 23d. LOCATION (City, town, or county) (State) Adair County, Mo. | |
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| 24. FUNERAL DIRECTOR Paul Kriley ADDRESS Kirksville, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-22-1958 | | 26. REGISTRAR'S SIGNATURE Doris W. Rattiff | |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *George W. Davolt*

Licensed Embalmer No. *4799*

P. O. Address *Kirkville, Mo.*

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.