

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029885

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 337

1-300

GILLESPIE FUNERAL HOME

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Sedalia b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1309 S. Kentucky		d. STREET ADDRESS (If outside, give location) 1110 E. 11th St.	
3. NAME OF DECEASED (Type or print) First MARY Middle BELLE Last SCHILB		4. DATE OF DEATH Month Aug. Day 17, Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 3, 1890.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Morgan County, Missouri
13a. FATHER'S NAME August Wheatley		13b. MOTHER'S MAIDEN NAME Hulda Chilcoat	14. NAME OF HUSBAND OR WIFE Henry Schilb
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. Lauta Caldwell, 634 E. 3rd St, Sedalia, 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) Reticulum Cell Sarcoma, bone			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			2000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture, Pathological, Rt Hip			19. WAS AUTOPSY PERFORMED? 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 July 1956 to Aug 1958 and last saw her alive on August 16th 1958 Death occurred at 2:00 PM on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) P. Siegel MD		22b. ADDRESS Sedalia, Mo.	22c. DATE SIGNED 8/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-19-1958	23c. NAME OF CEMETERY OR CREMATORY IOCF Cemetery	23d. LOCATION (City, town, or county) (State) Otterville, Missouri
24. FUNERAL DIRECTOR ADDRESS D. W. Heckart, Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. Aug 19-1958	26. REGISTRAR'S SIGNATURE Frances Shelby

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 

Licensed Embalmer No. 3470

P. O. Address..... Sedalia, 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.