

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031428
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <i>Marshall</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Marshall 8972</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <i>652 W. Boyd</i> <i>14 yrs</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm <i>652 W. Boyd</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>ANNA ROSALIA SCHELLENBERG</i> First Middle Last		4. DATE OF DEATH <i>August 25, 1958</i> Month Day Year	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 7, 1862</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>own Home</i>	9c. AGE (In years last birthday) <i>96 yrs</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own Home</i>	10c. AGE (In years last birthday) <i>96 yrs</i>
11. BIRTHPLACE (City and state or country) <i>New Frankfurt mo, 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Hieronymous Heingler</i>		14. MOTHER'S MAIDEN NAME <i>Aphronia Weber</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Mrs. J. Schellenberg</i> Address <i>Marshall, Mo.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>4201</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).			INTERVAL BETWEEN ONSET AND DEATH <i>Under</i> <i>?</i>
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 <i>11:00 P</i> Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Marshall Mo</i>	
21. I attended the deceased from <i>6-20-58</i> , to <i>8-25-58</i> and last saw <i>her</i> alive on <i>7/16/58</i> Death occurred at <i>11:00 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William Marshall</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Marshall Mo</i>	
22c. DATE SIGNED <i>8/26/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-28-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>William Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>William Mo.</i>
24. FUNERAL DIRECTOR <i>Harry Hershberger</i> Address <i>Marshall, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-27-58</i>	
26. REGISTRAR'S SIGNATURE <i>Cecil J. Read</i>			

Health, & Welfare Public Service

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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

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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.....
Joseph R. Markle

Licensed Embalmer No. *45*

P. O. Address *Marsha*

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.