

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033465

STATE FILE NUMBER

OCT 15 1958

Registration District No. 195

Primary Registration District No. -

Registrar's No. 88-58

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rocky Comfort</u>		c. CITY OR TOWN <u>Rocky Comfort</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>2 1/2 yrs</u>	
3. NAME OF DECEASED (Type or print) <u>Adelaide Gerhard Schilling</u>		4. DATE OF DEATH <u>Oct. 5-1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July-10-1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Peter Gerhard</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Ringhausen</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>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic Heart Disease</u>		14. NAME OF HUSBAND OR WIFE <u>Julius A Schilling</u>	
DUE TO (c) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		21. I attended the deceased from <u>May 1956</u> to <u>Oct 1958</u> and last saw her alive on <u>10/5/58</u> Death occurred at <u>10 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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 a.m. p.m. Month, Day, Year		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	
22a. SIGNATURE <u>J. J. Payne M.D.</u> (Degree or title)		22b. ADDRESS <u>Noel, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 7-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Munciey Chappell</u>		23d. LOCATION (City, town, or county) (State) <u>Barry Co. Missouri</u>	
24. FUNERAL DIRECTOR <u>McQueen Funeral Home Wheaton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 11, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mary G. Bradley</u>			

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 *Paul D. Hembest*

Licensed Embalmer No. *4576*.....
P. O. Address *Cassville 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.