

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033560

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 88

Health, Welfare, Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>California</u> <u>0681</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanatorium</u>			Length of stay in lb <u>5 days</u>			d. STREET ADDRESS (If outside, give location) <u>204 Versailles</u>	
Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) <u>L. U. L. A. First Middle Last</u> <u>MAGDALENE KIRSCHMAN</u>					
4. DATE OF DEATH <u>Sept 14, 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <u>Aug. 9, 1889</u>		9. AGE (In years last birthday) <u>69</u>		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. BIRTHPLACE (City and state or country) <u>Monteau Co., Mo.</u>	
IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Henry J. Roedel</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		14. MOTHER'S MAIDEN NAME <u>Sophie Schaff</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yrs, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Ernest H. Kirschman</u>		Address <u>California Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Perforated Peptic Ulcer</u> DUE TO (c) <u>5401</u> 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 <u>4 days</u>		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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		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	
21. I attended the deceased from <u>Sept 15, 1958</u> to <u>Sept 16, 1958</u> and last saw her ^{her} _{him} alive on <u>Sept 16, 1958</u> Death occurred at <u>2:00 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ernest H. Kirschman M.D.</u>				22b. ADDRESS <u>California, Mo.</u>		22c. DATE SIGNED <u>9-17-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Sept 18, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Monteau Evangelical</u>		23d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>A. E. Wilson California Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9/20/58</u>		26. REGISTRAR'S SIGNATURE <u>A. L. Pappejoys</u>	

(Licensed Embalmer's Statement on Reverse Side)

822 8 100

OCT 6 1959

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..... *A. E. Wilson*

Licensed Embalmer No. *234*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.