Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035986
STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 258

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Washington — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp. — Length of stay in 1b 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN 0362 Washington — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Front Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mary Middle Last Scheidegger

4. DATE OF DEATH Month Day Year October 15, 1958

5. SEX Female /
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH Jan. 10, 1905
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked at Laundry
10b. KIND OF BUSINESS OR INDUSTRY Laundry
11. BIRTHPLACE (City and state or country) Dixon, Iowa /
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Calvin Wilson
13b. MOTHER'S MAIDEN NAME Dora Shoening
14. NAME OF HUSBAND OR WIFE Herman Scheidegger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 492-36-6042
17. INFORMANT Herman Scheidegger, Address Front St., Washington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General Carcinomatosis abdomen-liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Ovary
DUE TO (c) 1750
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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Jan. 8, 1957, to Oct. 15, 1958 and last saw her/him alive on Oct. 15, 1958
Death occurred at 5:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Emmerich M.D.
22b. ADDRESS 2nd & Elm Washington, Mo.
22c. DATE SIGNED 10/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/17/58
23c. NAME OF CEMETERY OR CREMATORY Herman Cemetery
23d. LOCATION (City, town, or county) (State) Hermann, Missouri

24. FUNERAL DIRECTOR ADDRESS Hugo H. Blumer, Hermann, Mo.
25. DATE RECD. BY LOCAL REG. 10/16/58
26. REGISTRAR'S SIGNATURE F. P. Hedemann G. L. Hedemann Mgr.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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VS DEC 9 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 Roger W. Blumer

Licensed Embalmer No. 5055

P. O. Address Germantown, Wis.

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.