

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000761

STATE FILE NUMBER

FILED JAN 19 1958

Registration District No. 098

Primary Registration District No.

Registrar's No. 132

1. PLACE OF DEATH a. COUNTY DAVISS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DAVISS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINSTON		c. CITY OR TOWN WINSTON 0316	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last NANNIE BELLE SCHLUP			4. DATE OF DEATH Month Day Year JAN 2-1959			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 27-1880		9. AGE (In years last birthday) Months Days Hours Min. 78 9 12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ATCHISON COUNTY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME JAMES D. WATKINS	13b. MOTHER'S MAIDEN NAME NANCY HERRINGTON	14. NAME OF HUSBAND OR WIFE RICHARD SCHLUP
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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. NO NE	17. INFORMANT Richard Schlup - Winston	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH dead suddenly several years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) cholesterol arteriosclerosis	
	DUE TO (c)	
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 <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.)
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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
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21. I attended the deceased from Jan. 23, 1944 to Jan. 2, 1959 and last saw her alive on Dec 30-1958 Death occurred at 1145 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank W. Weldon MD	(Degree or title)	22b. ADDRESS Winston MO	22c. DATE SIGNED 1/4/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-4-59	23c. NAME OF CEMETERY OR CREMATORY COPE SHAMBAUGH	23d. LOCATION (City, town, or county) (State) WEATHERBY, MO
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24. FUNERAL DIRECTOR Virgil V. Stump	ADDRESS Winston, MO	25. DATE RECD. BY LOCAL REG. 1-13-59	26. REGISTRAR'S SIGNATURE Virgil M. Engelhart
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 4 1963

JAN 27 1963

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 *Robert F. Poland*

Licensed Embalmer No. *4777*
P. O. Address *223 West 1st*
Camden

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.