

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000888

STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HERMANN ⁰³⁷¹⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1005 JEFFERSON		Length of stay in 1b 129RS	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) CHRISTIAN JOHN SCHALK			4. DATE OF DEATH Month JAN. Day 18 Year 1959		
5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 30-1908	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY BAKERY	11. BIRTHPLACE (City and state or country) WOOLLAM Mo 6		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ALBERT SCHALK		13b. MOTHER'S MAIDEN NAME BURGAN DANUSER		14. NAME OF HUSBAND OR WIFE CLARA SCHALK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.#2		16. SOCIAL SECURITY NO. 486-22-649	17. INFORMANT CLARA SCHALK		Address HERMANN Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH None
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, obesity		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.		
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 **1953** to **1954** and last saw her alive on **1-2-59**
Death occurred at **9:40** a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cavel T. Shaw, MD	(Degree or title) 0	22b. ADDRESS Hermann, Missouri	22c. DATE SIGNED 1-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/21/1959	23c. NAME OF CEMETERY OR CREMATORY HERMANN MAUSOLEUM	23d. LOCATION (City, town, or county) (State) HERMANN Mo
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24. FUNERAL DIRECTOR HOGG H. BLUMER	ADDRESS HERMANN Mo	25. DATE RECD. BY LOCAL REG. 1-20-59	26. REGISTRAR'S SIGNATURE Welma Uffelmann
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

...the symptoms will be stated.

JAN 31 1951

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. Bumes*
Licensed Embalmer No. *5055*

P. O. Address *Germania 71*

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.