Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008986
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN New Haven — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN New Haven — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 0360 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Linda — Middle Gay-Schowe — Last
4. DATE OF DEATH: Month Apr. Day 6 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Apr. 6, 1959
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): New Haven Mo. R. R. # 2
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Harvey Schowe
13b. MOTHER'S MAIDEN NAME: Martha Menke
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Harvey Schowe — Address: New Haven Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 776X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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

All diseases in Part I must be causally related.

21. I attended the deceased from only April 6, 1959 to and last saw her/him alive on April 6, 1959
Death occurred at 5.30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. W. Field (Degree or title) D. O.
22b. ADDRESS New Haven Mo.
22c. DATE SIGNED 4/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-7-1959
23c. NAME OF CEMETERY OR CREMATORY New Haven Cem
23d. LOCATION (City, town, or county) (State) New Haven Mo.

24. FUNERAL DIRECTOR — ADDRESS: L. C. Fertig & Son New Haven Mo.
25. DATE RECD. BY LOCAL REG. April 7-1959
26. REGISTRAR'S SIGNATURE Nettie Murphy

(Licensed Embalmer's Statement on Reverse Side)

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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 Not Embalmed, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Earl C. Seitz

Licensed Embalmer No. 3385

P. O. Address New Haven

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.