

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029953

REGISTRATION DISTRICT NO. 273

Primary Registration District No. 3051

Registrar's No. 95

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville Length of stay in lb		c. CITY OR TOWN Perryville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry County Mem. Hosp. Inside Limits		d. STREET ADDRESS (If outside, give location) R.4. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Theresa Last Schrenk			4. DATE OF DEATH Month Aug. Day 13 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21, 1883	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo. U.S.A.	
13a. FATHER'S NAME Andrew Hoffman		13b. MOTHER'S MAIDEN NAME Barbara Huber		14. NAME OF HUSBAND OR WIFE John J. Schrenk	
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.		17. INFORMANT Address John J. Schrenk, Perryville,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinoma of breast - right 2yr.**

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) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 _____ 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 **7-26-58** to **8-13-59** and last saw her alive on **8-13-59**
Death occurred at **5:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. J. Fairchild, M.D.** 22b. ADDRESS **Perryville, Mo.** 22c. DATE SIGNED **8-14-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Aug. 17, 1959** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Hope Cem., Perryville, Mo.** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS **Albert Bey, Perryville, Mo. 8-15-59** 25. DATE RECD. BY LOCAL REG. **8-15-59** 26. REGISTRAR'S SIGNATURE **Joe J. Zollner**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

