

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000974

FILED VS FEB 10 1960

119 Primary Registration District No. 5443 Registrar's No. 3

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY OSAGE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMAN, RURAL 1 WEEK		Length of stay in lb 1 WEEK		c. CITY OR TOWN CHAMOIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type of report) First Middle Last EMMA, MARIE SCHIEDER				4. DATE OF DEATH Month Day Year JAN 31-1960					
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 3-6-1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) HERMAN MO.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME HERMAN, BETTKE			13b. MOTHER'S MAIDEN NAME MARIE, ANN WODTLI FRITZ SCHIEDER			14. NAME OF HUSBAND OR WIFE Chamois MO			
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. L 491-24-4534		17. INFORMANT Address Armin Schieder					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE							INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
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) CEREBRAL THROMBOSIS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
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 1-26-60 , to 1-31-60 and last saw her alive on 1-30-60 Death occurred at 5 a m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) George M. Workman M.D.				22b. ADDRESS HERMANN, MO				22c. DATE SIGNED 2-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-2-1960	23c. NAME OF CEMETERY OR CREMATORY CITY, CEMETERY		23d. LOCATION (City, town, or county) (State) CHAMOIS MO-				
24. FUNERAL DIRECTOR E J Meyer			ADDRESS Gerald MO		25. DATE RECD. BY LOCAL REG. 2-1-60		26. REGISTRAR'S SIGNATURE Delma Uffelman		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 8 1960

MS APR 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Jessie E. Meyer

Licensed Embalmer No. 4639

P. O. Address Gerald

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.