

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004969

FILED VS MAR 9 1960

STATE FILE NUMBER

Registration District No. 007 Primary Registration District No. 4004 Registrar's No. 20

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ANDREW</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOLCKOW</u>	Length of stay in 1b	c. CITY OR TOWN <u>BOLCKOW</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 or print)			4. DATE OF DEATH		
First <u>JESSTINE</u>	Middle <u>VICTORIA</u>	Last <u>SCHILDKNECHT</u>	Month <u>February</u>	Day <u>28</u>	Year <u>1960</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-23-75</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Nodaway Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		
13a. FATHER'S NAME <u>Jacob Breit</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Neileigh</u>	14. NAME OF HUSBAND OR WIFE <u>Leslie Schildknecht</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>- - -</u>	17. INFORMANT Address <u>Mrs. Ervie Neely, Bolckow, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Rheumatoid Arthritis, severe. (Anemia and protenemia) of old age.</u>		<u>30 years</u>
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.
		<input type="checkbox"/> Yes <input 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 Month, Day, Year 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 <u>2-21-60</u> to <u>2-28-60</u> and last saw her <u>alive</u> on <u>2-21-60</u>		
Death occurred at <u>10:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Warren C. Sakw, M.D.</u>	22b. ADDRESS <u>Savannah, Missouri</u>	22c. DATE SIGNED <u>3-1-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3-1-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bolckow Cemetery</u>
		23d. LOCATION (City, town, or county) <u>Bolckow, Missouri</u> (State)

24. FUNERAL DIRECTOR <u>BREIT & HAWKINS</u> ADDRESS <u>SAVANNAH</u>	25. DATE RECD. BY LOCAL REG. <u>3-2-60</u>	26. REGISTRAR'S SIGNATURE <u>Lillian Sparks.</u>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS JAN 6 1961

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

James B. Heebner

Licensed Embalmer No. 4532

P. O. Address Savannah

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.