

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-022133

FILED VS MAY 18 1960

STATE FILE NUMBER

Registration District No. 363 Primary Registration District No. 4522 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Warren									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marthasville		Length of stay in 1b 18 yrs.		c. CITY OR TOWN Marthasville		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) First Alvena Middle Schoppenhorst Last Schoppenhorst				4. DATE OF DEATH Month May Day 9 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-24-1885		9. AGE (last birthday) 75		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Simon Allersmeyer				13b. MOTHER'S MAIDEN NAME Henrietta Nistendirk				14. NAME OF HUSBAND OR WIFE Edward Schoppenhorst decd.					
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. none		17. INFORMANT Address Mrs. Fred Petzold, Marthasville, 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) Carcinoma of Bladder with metastasis in Intestine										INTERVAL BETWEEN ONSET AND DEATH 2 year			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____										1 yr			
DUE TO (c) Cor myocarditis										3 yr.			
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 _____ a.m. _____ p.m.		Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 3, 1955 to May 9/60 and last saw her May 9/60 him alive on May 9/60 Death occurred at 6:40 p. m on the date stated above, and to the best of my knowledge from the causes stated.													
22a. SIGNATURE H. Johnson M.D. (Degree or title)				22b. ADDRESS Marthasville Mo				22c. DATE SIGNED 5/10/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-12-60		23c. NAME OF CEMETERY OR CREMATORY Immanuel's E & R Church, Holstein, Mo.				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR ADDRESS F.W.Nieburg & Co., Warrenton, Mo.				25. DATE RECD. BY LOCAL REG. 5/10/60		26. REGISTRAR'S SIGNATURE H. Johnson							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X

X

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 John Lieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.