

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023969

FILED VS JUL 12 1960

Registration District No. 257 Primary Registration District No. 4391 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARIES				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN META RURAL		Length of stay in 1b 50 YRS		c. CITY OR TOWN META		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION AT 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 type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE MATILDA SCHULENBERG				4. DATE OF DEATH Month Day Year JULY 1, 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 8/18/1874	9. AGE (last birthday) 85		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Oldenberg, Germany		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Benhard Groene			13b. MOTHER'S MAIDEN NAME Anna Voigt			14. NAME OF HUSBAND OR WIFE Dietrick Schulenberg		
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 Mrs. Walter Kolb, Meta, 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 the common bile duct							INTERVAL BETWEEN ONSET AND DEATH 2 years	
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 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 1955 to July 1, 1960 and last saw her ^{her} _{him} alive on June 30, 1960 Death occurred at 12:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W.H. Moore D. O.				22b. ADDRESS California, Mo.		22c. DATE SIGNED 7/3/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 4, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Johns Lutheran of Meta, Mo.			23d. LOCATION (City, town, or county) (State) Babbtown, Mo. 2 miles east of Meta, Mo.			
24. FUNERAL DIRECTOR ADDRESS T.A. [unclear], Iberia, Mo.				25. DATE RECD. BY LOCAL REG. July 10/60		26. REGISTRAR'S SIGNATURE Mrs. Cecylde [unclear]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. A. Hemphrey
Licensed Embalmer No. 4772

P. O. Address Iberia, Mo

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.