URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960 Registration District No. 179 Primary Registration District No. 4288 Registrar's No. 111

-60-031230
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moscow Mills
Length of stay in 1b: 1 Momth

c. CITY OR TOWN Chain of Rocks
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WellsNursing Home
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Caroline Middle: Schulte Last: Stork

4. DATE OF DEATH Month Day Year: August 15, 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/30/77

9. AGE (last birthday): 82

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 Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Herman Schulte

13b. MOTHER'S MAIDEN NAME: Charlotte Witthaus

14. NAME OF HUSBAND OR WIFE: Thomas Stork

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Thomas Stork, Address: Old Monroe, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMATOSIS ABDOMEN — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PRIMARY FOCUS UNKNOWN
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 a.m. p.m. 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 8-10-60, to 8/15/60 and last saw her alive on 8/15/60

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Paul Berry (Degree or title) MD.

22b. ADDRESS Troy Mo.

22c. DATE SIGNED 8-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/17/60

23c. NAME OF CEMETERY OR CREMATORY: Highland Prarie Cem.

23d. LOCATION (City, town, or county) (State): Lincoln Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG.: 8-25-1960

26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph J. Mauch

Licensed Embalmer No. 3932

P. O. Address Troy, Missour

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