ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020780
STATE FILE NUMBER

AMENDED

Registration District No. 812 Primary Registration District No. 25319 Registrar's No. 97

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Otterville Twp
Length of stay in 1b 8 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles N of Otterville
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cooper
c. CITY OR TOWN Pilot Grove
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) ✓
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First EMMA Middle BARBARA Last SCHIBI
4. DATE OF DEATH Month July Day 3 Year 1961
5. SEX F
6. COLOR OR RACE wh
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH April 16 1879
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 same
11. BIRTHPLACE (City and state or country) Pilot Grove, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Twekter
13b. MOTHER'S MAIDEN NAME Theresa Neckermen
14. NAME OF HUSBAND OR WIFE John Schibi
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs. Oliver Bridges Address Otterville 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) Intermittent C-V Failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 36 hrs
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 April 1961 to July 3 1961 and last saw her/him alive on 3 July 1961
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P V Siegel (Degree or title) MD
22b. ADDRESS Smithton, Mo
22c. DATE SIGNED 7/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/7/61
23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
23d. LOCATION (City, town, or county) (State) Pilot Grove, Mo.

24. FUNERAL DIRECTOR Hays-Painter ADDRESS Pilot Grove Mo.
25. DATE RECD. BY LOCAL REG. 7/7/61
26. REGISTRAR'S SIGNATURE D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert L. Painter

Signature of Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove

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.