

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035685

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 4182 Registrar's No. 203

FILED SEP 19 1963

VS 300
Rev. 4/59

1 0360
2 0360
3
4 1
5 0
6
7 0
8 0
9 153.3
10
11
12 90-0
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Fanklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) New Haven		Length of stay in 1b life	c. CITY OR TOWN New Haven Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) New Haven Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anna Catherine Scheer			4. DATE OF DEATH Month Day Year Sept 13, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Home Maker	9. AGE (last birthday) 80
13a. FATHER'S NAME Louis Scheer		13b. MOTHER'S MAIDEN NAME Katherine Obermueller	12. CITIZEN OF WHAT COUNTRY U. S. A.
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. Geo. Pohlmann New Haven Mo.	
17. INFORMANT Geo. Pohlmann New Haven Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the sigmoid colon			18 months
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 a.m. p.m. Month, Day, Year			
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 New Haven	COUNTY Franklin STATE
21. I attended the deceased from 3/9/58 to 9/13/63 and last saw her/him alive on 9/9/63 Death occurred at 10:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. P. Eisenmann M.D. (Degree or title)		22b. ADDRESS New Haven, Missouri	
22c. DATE SIGNED 9/16/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-16-1963	23c. NAME OF CEMETERY OR CREMATORY Bethlehem Lutheran	23d. LOCATION (City, town, or county) (State) New Haven Mo.
24. FUNERAL DIRECTOR Fertig & Son New Haven Mo.		25. DATE RECD. BY LOCAL REG. 9/16/63	26. REGISTRAR'S SIGNATURE Leola P. Heidmann

USE BLACK INK OR TYPEWRITER RIBBON

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 MR., Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl O. Jettig

Licensed Embalmer No. 3385

P. O. Address New Haven Conn

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.