

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34669

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 4407		Registrar's No. 368	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE MO. b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Monte		c. LENGTH OF STAY (In this place) 5 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Williams c. (Last) Schenk			4. DATE OF DEATH (Month) (Day) (Year) II - 3 - 49				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH May 8 1866	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 5 Days 26		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Spickard Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Williams			13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Chas. Schenk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. Schenk La Monte Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Vascular Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Devil's Sementia 4 yrs</u>  INTERVAL BETWEEN ONSET AND DEATH  410X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LaMonte Pettis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from July 1, 1949 to Nov 3, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 11:35 am., from the causes and on the date stated above.							
23a. SIGNATURE <u>H.W. Grange</u> (Degree or title)				23b. ADDRESS <u>Kuobs Master Mo</u>		23c. DATE SIGNED <u>Nov 4 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>II-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spickard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Spickard Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/5/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hank M. Mum</u> <u>Parkers Funeral Service La Monte Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

La Monte Mo.

RECEIVED

NOV 7

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-9-49

**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.

Signed Paul M. Moore

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3923

P. O. Address La Monte 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 this body is not embalmed, fact should be so stated above.