No. 300
10:48

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THE DIVISION OF HEALTH OF MISSOURI

FILED AUG 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26620

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 741

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Bapt. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 930 W. Walnut Street

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle):
c. (Last): SCHACHSIECK

4. DATE OF DEATH (Month) (Day) (Year): August 19, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. (unk) 1894
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: home
11. BIRTHPLACE (State or foreign country): (unknown) Russia 6
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Krivoy
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: William Schachsieck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Wm. F. Schachsieck, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Nephrosclerosis with Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease
DUE TO (c) Anemia Secondary to Hepatopathy (Banti's Syndrome).

INTERVAL BETWEEN ONSET AND DEATH: 443 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1948, *to* 8/19, 1950, *that I last saw the deceased alive on* 8/19, 1950, *and that death occurred at* 9:30P, *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William J. Paul, M.D.
23b. ADDRESS: Springfield, Missouri
23c. DATE SIGNED: 8/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 Aug 1950
24c. NAME OF CEMETERY OR CREMATORY: Eastlawn
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 8-22-50
REGISTRAR'S SIGNATURE: W E Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thieme Fun. Home Spgfld. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Fred C. Pheing

Signed _____
Student Embalmer

Licensed Embalmer No. 2849

P. O. Address Springfield, V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.