No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26472

FILED SEP 11 1951

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Cooper 0272
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place): 10 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville 0272
d. STREET ADDRESS (If rural, give location): 123 High St. 0

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

4. DATE OF DEATH (Month) (Day) (Year): September 2 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: September 12 1885
9. AGE (In years last birthday): 65 — 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): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (State or foreign country): Boonville, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Otto Schaumburg
13b. MOTHER'S MAIDEN NAME: Mary Ann Winklemeyer
14. NAME OF HUSBAND OR WIFE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 495-16-0416
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: LaRoy Schaumburg, Boonville, 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): Carcinoma Jesophagus — INTERVAL BETWEEN ONSET AND DEATH: 5 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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: 150 x
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) 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* May 20, 1951, *to* Sept 2, 1951, *that I last saw the deceased alive on* Sept 2, 1951, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Kuhlmann M.D.
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 9-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 5 1951
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
24d. LOCATION (City, town, or county) (State): Boonville, Cooper, Mo.

DATE REC'D BY LOCAL REG.: 9-5-51
REGISTRAR'S SIGNATURE: D. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-10-51

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. 433, working under my personal supervision.

Student F. William Kasmann
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.