No. 300
10.46

FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7601

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 109

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

1. PLACE OF DEATH
a. COUNTY: Callaway.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 14y-5M-8D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russellville. 0260
d. STREET ADDRESS (If rural, give location): R. #1. 1

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

4. DATE OF DEATH (Month) 3 (Day) 28 (Year) 1952

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married. 1
8. DATE OF BIRTH: 9-23-1877
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 8, Days 5 — 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): Russellville MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mathew Tournmeyer
13b. MOTHER'S MAIDEN NAME: Teresa Milliter
14. NAME OF HUSBAND OR WIFE: Andy Schock.

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hospital Records. Fulton, 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) Chronic myocarditis.

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

DUE TO (b) Generalized arteriosclerosis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis c̄ cerebral arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
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* 3-24, 1952, *to* 3-28, 1952, *that I last saw the deceased alive on* 3-28, 1952, *and that death occurred at* 9.40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Miller M.D. by R. Tourneyond
23b. ADDRESS: Fulton Mo.
23c. DATE SIGNED: 9-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-52
24c. NAME OF CEMETERY OR CREMATORY: Russellville Lutheran
24d. LOCATION (City, town, or county) (State): Russellville Mo.

DATE REC'D BY LOCAL REG.: Mar. 29-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. H. Schubert Russellville Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1962

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. 2820

working under my personal supervision.

Student .....
Student Embalmer

Signed W. N. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, Ark.

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.