.S. No. 300
EV. 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. 15569 21

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warsaw
c. LENGTH OF STAY (in this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lakeside Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Carroll.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carrollton 0171
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) M c. (Last) SCHINDHELM

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec 22 1867
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 5 Days 4 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) Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James G. Perry
13b. MOTHER'S MAIDEN NAME Mary Davis
14. NAME OF HUSBAND OR WIFE —

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. no
17. INFORMANT'S SIGNATURE OR NAME Rev Orval F. Woolery ADDRESS Warsaw, 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) Senility — INTERVAL BETWEEN ONSET AND DEATH Unk

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 794 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* 10 May, 1952, *to* 26 May, 1952, *that I last saw the deceased alive on* 26 May, 1952, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE David H. Helm (Degree or title) MD
23b. ADDRESS Warsaw Mo
23c. DATE SIGNED 26 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE May 26, 1952
24c. NAME OF CEMETERY OR CREMATORY Evergreen
24d. LOCATION (City, town, or county) (State) De Witt, Mo.

DATE REC'D BY LOCAL REG. May 26 1952
REGISTRAR'S SIGNATURE Jas A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home ADDRESS Carrollton

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1952

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.

Student .....
Student Embalmer

Signed John F. Riser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.