S. No. 300
v. 10-48

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25267

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Perry 0790,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Brazeau Twp.
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Perry 0790
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Brazeau Twp.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Ida
b. (Middle) E.
c. (Last) Schade

4. DATE OF DEATH (Month) (Day) (Year) July 22, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 14, 1871
9. AGE (In years last birthday) 81 — 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
11. BIRTHPLACE (State or foreign country) Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richard Petzoldt
13b. MOTHER'S MAIDEN NAME Johanna Lintner
14. NAME OF HUSBAND OR WIFE Adolph Schade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME H.E. Schade **ADDRESS** Altenburg, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis, General — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of left breast — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 X H
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* Jan 27, 1948, *to* July 22, 1952, *that I last saw the deceased alive on* July 21, 1952, *and that death occurred at* 8:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Theodore Fischer (Degree or title) M.D.
23b. ADDRESS Altenburg Mo
23c. DATE SIGNED 7-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-26-52
24c. NAME OF CEMETERY OR CREMATORY Immanuel Luth. Cem.
24d. LOCATION (City, town, or county) (State) Altenburg, Missouri

DATE REC'D BY LOCAL REG. July 26-52
REGISTRAR'S SIGNATURE Jos J Goellner
25. FUNERAL DIRECTOR'S SIGNATURE Young & Son's **ADDRESS** Perryville 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.

Student .....
Student Embalmer

Signed Edward L Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.