300

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33989

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8673

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2179
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3936 Russell

3. NAME OF DECEASED (Type or Print): a. (First) Daisy b. (Middle) C c. (Last) Schade

4. DATE OF DEATH (Month) (Day) (Year): 9 - 5 - 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 27 - 1887

9. AGE (In years last birthday): 66 — 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): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Marion Ky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Clark

13b. MOTHER'S MAIDEN NAME: Mary Franklin

14. NAME OF HUSBAND, OR WIFE: Victor G Schade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Victor G Schade 3936 Russell

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) Generalized Peritonitis — Interval between onset and death: 10 days

ANTECEDENT CAUSES

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

DUE TO (b) Volvulus of Sigmoid — 8 weeks

DUE TO (c) Perforation ileum — 1 week

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

19a. DATE OF OPERATION: 9-4-53

19b. MAJOR FINDINGS OF OPERATION: intestinal obstruction o Peritonitis

20. AUTOPSY? YES [X] 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): 570.3

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* 9-1 *, 19*53*, to* 9-5 *, 19*53*, that I last saw the deceased alive on* 9-5 *, 19*53*, and that death occurred at* 6 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. J. Verda M.D.

23b. ADDRESS: 4500 Olive St.

23c. DATE SIGNED: 9-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-7-1953

24c. NAME OF CEMETERY OR CREMATORY: West-Lawn-Cemetery

24d. LOCATION (City, town, or county) (State): Jonesboro Ark

DATE REC'D BY LOCAL REG.: SEP 8 1953

REGISTRAR'S SIGNATURE: Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Robert L. + U. Co. 1905 S Grand

(Licensed Embalmer's Statement on Reverse Side)

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 V.E. Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis M

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

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