FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4061

State File No. 144

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
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): Poplar Bluff Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: WAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIEDMONT 1110
d. STREET ADDRESS (If rural, give location): Rural N. on HW. 49

3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) c. (Last) SCHWMAKER

4. DATE OF DEATH (Month) (Day) (Year): FEB 4 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 2 AUG 31 1892
9. AGE (In years last birthday): 62 — 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): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): BLUEMONT KANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES BUSTER
13b. MOTHER'S MAIDEN NAME: KATHERINE FROGGETT
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): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Bertha Ethel Schumacher 2005A MENARD ST STATE HOUSE PAD

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 Apoplexy

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

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334X
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* 2-3, 1955, *to* 2-4, 1955, *that I last saw the deceased alive on* 2-4, 1955, *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank E. Dinelli MD
23b. ADDRESS: Poplar Bluff, Missouri
23c. DATE SIGNED: 2-8-55

24a. ~~BURIAL CREMATION~~ REMOVAL (Specify): Columbia
24b. DATE: Feb 5 1955
24c. NAME OF CEMETERY OR CREMATORY: Columbia
24d. LOCATION (City, town, or county) (State): COLUMBIA ILL.

DATE REC'D BY LOCAL REG.: 2/12/55
REGISTRAR'S SIGNATURE: R H Minetree 489
25. FUNERAL DIRECTOR'S SIGNATURE: Norman W. Gish
ADDRESS: Piedmont MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 14 1955
BUTLER CO. HEALTH CENTER

FILE No._____

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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.