

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25498

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Fulton, Mo.</u>	c. LENGTH OF STAY (In this place) <u>1 yr 1 mo</u>	c. CITY OR TOWN <u>Otterville, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1, Fulton, Mo</u>		e. STREET ADDRESS (If rural, give location) _____ <u>02701</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>REMMIE</u>	b. (Middle) <u>DALE</u>	c. (Last) <u>SCHILB.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18, 1884</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	11. UNDER 24 Hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Syracuse, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>C. M. Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Steel</u>	14. NAME OF HUSBAND OR WIFE <u>John Schilb</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>II. K.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital #1, Fulton Mo</u>	ADDRESS <u>Fulton Mo</u>
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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, asphemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4222</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>		years <u>years</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from June 1, 1955, to Sept 4, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 1:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Kepler, M.D. per Dr. Nichols</u>	(Degree or title)	23b. ADDRESS <u>State Hospital #1, Fulton Mo</u>	23c. DATE SIGNED <u>9-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/8/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Otterville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Otterville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 6-1955</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home, Fulton, Mo</u>	ADDRESS _____
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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 Arthur R. Masune....., Student Embalmer No. 519 working under my personal supervision..

Student, Arthur R. Masune.....
Signature of Student Embalmer

Signed Denzil C. Browning.....

Licensed Embalmer No. 277

P. O. Address Fulton.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.