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FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39897**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5185** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Cape Gir., Twp. 50 YRS.</b>		c. CITY OR TOWN <b>Rural Cape Gir., Twp.</b>	
c. LENGTH OF STAY (in this place) <b>50 YRS.</b>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cape Girardeau R. R. 2</b>		STREET ADDRESS (If rural, give location) <b>Cape Girardeau R. R. 2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>M.</b>	c. (Last) <b>SCHABING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 12, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 21, 1882</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			

13a. FATHER'S NAME <b>Joseph Volz</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Schnier</b>	14. NAME OF HUSBAND OR WIFE <b>Herman Schabbing</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rudolph Schabbing Cape Gir., Mo. R. 2</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary insuff.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/19**, 19**53**, to **10/12**, 19**55**, that I last saw the deceased alive on **10/31**, 19**55**, and that death occurred at **5:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Kern</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>12/16/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 15, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>12-16-55</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walthers Funeral Home, Cape Gir., Mo.</b>
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(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.....  
Signature of Student Embalmer

Signed *Virgil H. Welch*.....  
Licensed Embalmer No. *4110*

P. O. Address *Cape Girardeau*

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.