

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1955

State File No. **41701**

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>2057</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saints Charles</u>		c. LENGTH OF STAY (in this place) <u>DOA</u>		c. CITY OR TOWN <u>Portage des Sioux</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorraine</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Schipper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29, 1955</u>
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>March 19, 1920</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>postmistress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>government</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry L. Luesse</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine A. Little</u>		14. NAME OF HUSBAND OR WIFE <u>Henry C. Schipper</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Schipper, Portage des Sioux, Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</u> DUE TO (b) <u>Truck & car involved</u> DUE TO (c) <u>Internal injuries.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <u>Portage</u> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 29, 1955</u>		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 <u>Dec. 19 - 1, 1955</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marie Marbury Carone</u>				23b. ADDRESS <u>Wentzville, Mo.</u>		23c. DATE SIGNED <u>7/1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saint Francis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 5, 1955</u>		REGISTRAR'S SIGNATURE <u>H. H. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dallman</u>		ADDRESS <u>St. Charles, Mo.</u>	

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

MISSISSIPPI

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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.....
Frank R. Amala

Licensed Embalmer No. 426

P. O. Address.....
St. Charles

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.