V.S. No. 300
Rev. 10-48

FILED MAY 6 - 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13700

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 33

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

**1. PLACE OF DEATH**
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Central Township
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): Castle Acres Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Jefferson
c. CITY OR TOWN: Central Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): near Goldman, Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Emma b. (Middle): (Schorr) c. (Last): Meyer

**4. DATE OF DEATH** (Month) (Day) (Year): Apr. 18, 1957

**5. SEX:** F.
**6. COLOR OR RACE:** W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never Married
**8. DATE OF BIRTH:** Feb 5, 1891
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months 2, Days 13 — 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:** H ome
**11. BIRTHPLACE** (City and State or Foreign Country): near Glade Chapel, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME:** Conrad Schorr
**13b. MOTHER'S MAIDEN NAME:** Annie Leutkemeyer
**14. NAME OF HUSBAND OR WIFE:** Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.:** none
**17. INFORMANT'S SIGNATURE OR NAME:** M. Linhorst. ADDRESS: Pevely, Mo.

**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) Carcinoma of uterus c̄ gen. metastasis

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

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

INTERVAL BETWEEN ONSET AND DEATH: unknown

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 174X
**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* Mar 5, 1957, *to* Apr 18, 1957, *that I last saw the deceased alive on* April 5, 1957, *and that death occurred at* 10 45 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Noel V. McNinstry M.D.
**23b. ADDRESS:** De Soto, Mo
**23c. DATE SIGNED:** Apr 19, 57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE:** Apr. 19, 57
**24c. NAME OF CEMETERY OR CREMATORY:** Zion Lutheran Cem.
**24d. LOCATION** (City, town, or county) (State): Jarvis, Mo.

DATE REC'D BY LOCAL REG.: 4-23-57
REGISTRAR'S SIGNATURE: Alta Sirvelin Dep
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Heiligtag Funeral Home Imperial, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
MAY 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.