

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23836**

FILED JUL 16 1957

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>			
b. CITY OR TOWN <b>Carrollton, Mo.</b>		c. LENGTH OF STAY (in this place) <b>3 wks.</b>		c. CITY OR TOWN <b>Dewitt Twp.</b>		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 <b>Bales Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>10 mi. east of Carrollton</b> <i>01710</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Schindhelm</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10, 1957</b>				
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 19, 1885</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Dewitt Twp Carroll Co. Mo.</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 _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William A. Audsley</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Chapman</b>		14. NAME OF HUSBAND OR WIFE <b>Marion Schindhelm</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marion Stigall Dewitt, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b> ANTECEDENT CAUSES <b>Chronic Bronchitis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>3 hr</b>
		II. OTHER SIGNIFICANT CONDITIONS <b>Artificial Rheumatoid</b> Conditions contributing to the death but not related to the disease or condition causing death <b>Arteriosclerosis</b>					<b>159m</b> <b>109rl</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>151x</b>				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) _____		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 _____, 19 <u>46</u> , to <u>7-10</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>57</u> , and that death occurred at <u>5</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles F. Boland</b> (Degree or title) _____				23b. ADDRESS <b>Carrollton Mo</b>		23c. DATE SIGNED <b>7/10/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/12/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dewitt, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/12/57</b>		REGISTRAR'S SIGNATURE <b>Mrs. Herbert Calver</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marshall Funeral Home Carrollton</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*P. M. Marshall, Jr.*

Licensed Embalmer No. *446*

P. O. Address *Carrollton*

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.