

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41041

State File No.

FILED DEC 3 - 1957

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Bedford</u>		c. CITY OR TOWN <u>Moscow Mills MO.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 Days</u>		e. STREET ADDRESS (If rural, give location) <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNIE</u>	b. (Middle) <u>LOUISE</u>	c. (Last) <u>MERSHONG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1957</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>Jan. 21, 1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 12 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>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Schroeder</u>	13b. MOTHER'S MAIDEN NAME <u>Seefluth</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Mershong</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Mershong</u>	ADDRESS <u>Moscow Mills 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-operative (Radical Mastectomy)</u> DUE TO (c) <u>Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170 X-</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rt. Breast - Radical Mastectomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 11/20, 1957, to 11, 1957, that I last saw the deceased alive on 11/25, 1957, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Erchard</u>	(Degree or title) <u>Trng. MO</u>	23b. ADDRESS <u>Trng. MO</u>	23c. DATE SIGNED <u>11-28-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 28, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO.</u>
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DATE REC'D BY LOCAL REG. <u>NOV 29 1957</u>	REGISTRAR'S SIGNATURE <u>Nell S. Schoenhein</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Mc Coy</u>	ADDRESS <u>Trng MO</u>
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *D.W. McBay*.....
Licensed Embalmer No. *3586*.....

P. O. Address *Jrnyms*.....

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.