

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004732

STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 200

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis			Length of stay in 1b 68 yr		d. STREET ADDRESS (If outside, give location) Route 2 Cape Gir		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Mamie Adaline Schrock				First	Middle	Last	
4. DATE OF DEATH Feb 19 1958		Month	Day	Year			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 6 1889		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 11 Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Cape Girardeau Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Andrew Masters				14. MOTHER'S MAIDEN NAME Lena Frank			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs Leo Heuser Cape Gir R 2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral accident. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardio-renal vascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442X							INTERVAL BETWEEN ONSET AND DEATH 40 hours 10 years
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 2/17/58 to 2/19/58 and last saw her alive on 2-19-58 Death occurred at 4:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hubert M. S.				22b. ADDRESS Cape Girardeau Mo		22c. DATE SIGNED 2-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-21-1958	23c. NAME OF CEMETERY OR CREMATORY St Mary's		23d. LOCATION (City, town, or county) Cape Girardeau Mo.		(State)
24. FUNERAL DIRECTOR Brinkopf Howell Funeral Home CAPE GIRARDEAU, MO.				25. DATE RECD. BY LOCAL REG. Feb. 27, 1958		26. REGISTRAR'S SIGNATURE Mr. Homer C. Cooper	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000 -56
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 21 1958

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 *Neil H. Grosshede*.....
Licensed Embalmer No. *49*.....

P. O. Address *Sage Hill*.....

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