

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4487 State No. 58-027921

FILED JUL 21 1958

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4486 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) NEW HAMBURG		c. CITY (If outside corporate limits, write RURAL and give township) R. F. D. #1 Illmo	
c. LENGTH OF STAY (in this place) 2 MONTHS		d. STREET ADDRESS (If rural, give location) R. F. D. #1 Illmo	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARY	b. (Middle) E.	c. (Last) SCHERER	(Month) JUNE	(Day) 29	(Year) 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 24 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S. A.
11. BIRTHPLACE (State or foreign country) MISSOURI					

13a. FATHER'S NAME SIMONIN HEISSERER		13b. MOTHER'S MAIDEN NAME CATHERINE WALTER		14. NAME OF HUSBAND OR WIFE WENDELIN SCHERER	
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'S SIGNATURE OR NAME JOHN SCHERER	
				ADDRESS ILLMO, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition + debilitation		INTERVAL BETWEEN ONSET AND DEATH 8 weeks 2 yrs 4 months 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		
	DUE TO (c) General arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	331X
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?	

22. I hereby certify that I attended the deceased from May 23, 1958, to June 27, 1958, that I last saw the deceased alive on June 27, 1958, and that death occurred at 5:40A m., from the causes and on the date stated above.

23a. SIGNATURE Fred W. Martin	(Degree or title) D.O. 2	23b. ADDRESS Box 16 Illmo Mo.	23c. DATE SIGNED 7/1/1958
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 1 1958	24c. NAME OF CEMETERY OR CREMATORY ST. DENIS CEMETERY	24d. LOCATION (City, town, or county) (State) BENTON MO.

DATE REC'D BY LOCAL REG. 7-9-58	REGISTRAR'S SIGNATURE Mustel Bringley	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Smith	ADDRESS ORAN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1000

DATE RECEIVED 7-14-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 758-163

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Carl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3676

P. O. Address Crown, Mo.

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 this body is not embalmed, fact should be so stated above.