

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008271

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 94

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| 1. PLACE OF DEATH a. COUNTY ADAIR | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SEMPER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN QUEEN CITY 1980 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crim-smith - S. Kirksville | | Length of stay in lb 4 DA. | d. STREET ADDRESS (If outside, give location) NORTH PT. QUEEN CITY |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--------------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First DAISY Middle MAY Last REISCHLING | | | 4. DATE OF DEATH Month MAR Day 14 Year 1959 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE CAUCASIAN | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH SEPT. 5, 1897 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days 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 HOME | 11. BIRTHPLACE (City and state or country) KNOX COUNTY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME THEODORE J. SCHRAGE | | | 14. MOTHER'S MAIDEN NAME MATILDA PULIS | | |
| 15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT JOSEPH REISCHLING Address | | |

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|---|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma. | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary carcinoma of the left breast. | | |
| DUE TO (c) _____ | | 170X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | |

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|--|----------------------------------|---|--|--|--------------|
| 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. | | | | | |
| 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 **3-11-59**, to **3-14-59** and last saw ~~her~~ **her** alive on **3-14-59**
Death occurred at **12:30 p.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE O. W. Hasselblad, M. D. | (Degree or title) | 22b. ADDRESS Kirksville, Missouri | 22c. DATE SIGNED 3-18-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE MAR 16, 1959 | 23c. NAME OF CEMETERY OR CREMATORY ST. ALOYSIUS | 23d. LOCATION (City, town, or county) (State) BARING Mo. |

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|--|---------------------------------|--|---|
| 24. FUNERAL DIRECTOR Kelley Rogers | ADDRESS Brashear, Mo. | 25. DATE RECD. BY LOCAL REG. 3-21-1959 | 26. REGISTRAR'S SIGNATURE Doris W. Raloff |
|--|---------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
O. W. HASSELBLAD M.D.
MEDICAL CERTIFICATION

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard B. Kelly*.....

Licensed Embalmer No. *44*

P. O. Address *Edinburg*

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.