

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014690

FILED VS APR 20 1960

STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. X Registrar's No. 17

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>DeKalb</u>	b. COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stewartsville</u>	Length of stay in 1b <u>53 yrs.</u>	c. CITY OR TOWN <u>Stewartsville</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mi. N. of Stewartsville</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5 mi. N. of Stewartsville</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>Jocisa</u>	Middle <u>P.</u>	Last <u>Schoff</u>	Month <u>4</u>	Day <u>10</u>	Year <u>1960</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-1872</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR 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>Home maker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Canonville, Mich.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Fredrick Niem</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Weidel</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. Schoff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Mrs. Gladys Winkler, Fairless City 5 mi.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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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
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21. I attended the deceased from Feb. 1960 to April 10, 1960 and last saw him her alive on April 10, 1960
 Death occurred at 9:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. J. Jurey, D.O.</u> (Degree or title)	22b. ADDRESS <u>Stewartsville, Md.</u>	22c. DATE SIGNED <u>4/12/60</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-13-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>DeKalb Co. Ga.</u>
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24. FUNERAL DIRECTOR <u>W.E. Sumnerfield, Stewartsville, Ga.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-15-1960</u>	26. REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed W.E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville

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.