

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008273

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 47 STATE FILE NUMBER

AMENDED FILED VS FEB 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington, Mo.		c. CITY OR TOWN —	
Length of stay in 1b 19 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francois Hosp.		d. STREET ADDRESS (If outside, give location) —	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Caroline Elizabeth Schirmer			4. DATE OF DEATH Month Day Year February 21, 1961
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 9-16-1882
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Williamson county Ill
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charles Ensinger	
13b. MOTHER'S NAME Elizabeth Ensinger		14. NAME OF HUSBAND OR WIFE Charles L. Schirmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Daughter : Mrs. Virginia Purcell
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute - sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
DUE TO (b) age			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1/17/61 11:00 a.m. to 2/21/61 and last saw her alive on 2/21/61 Death occurred at 19:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. J. Schirmer M.D.		22b. ADDRESS 205 Elm Washington, Mo	22c. DATE SIGNED 2/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-21-61	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial	23d. LOCATION (City, town, or county) DuQuion, Illinois
24. FUNERAL DIRECTOR ADDRESS Schroeder Funeral Home - DuQuion, Ill.	25. DATE RECD. BY LOCAL REG. 2-21-61	26. REGISTRAR'S SIGNATURE J. J. Schirmer	

MAR 13 1961

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 Byron J. Bell, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Bell

Licensed Embalmer No. 4977
Pacific, Mo.

P. O. Address _____

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.